

MALE PSYCHOLOGICAL ADJUSTMENT RELATED TO
EARLY SEXUAL EXPERIENCES

By

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A DISSERTATION PRESENTED TO THE GRADUATE SCHOOL OF THE
UNIVERSITY OF FLORIDA IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

UNIVERSITY OF FLORIDA

1999

For all brothers, but especially Jeffrey, David and Seth.

ACKNOWLEDGMENTS

My gratitude is extended to each of my committee members for their guidance during this project. A special acknowledgment is made for Dr. Duane Dede, who encouraged my development as a researcher and a clinician but has also been my friend. I will be forever grateful for his teaching me to “see the glass as all full.”

This project would also not have been completed without the continuous effort of my research assistant, Shannon Rimmer. Her loyalty was inspiring and an essential element in completing this project.

As always, there are few words that adequately express my appreciation for the endless love and support of my family and friends. Thank you.

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Abstract of Dissertation Presented to the Graduate School of the University of Florida
in Partial Fulfillment of Requirements for the Degree of Doctor of Philosophy

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May 1999

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There has been increased concern regarding the impact that childhood experiences have on development. Research of female childhood sexual abuse has found that adult women who report sexual experiences in childhood with older adult men often exhibit higher levels of anxiety and depression compared to their non-abused peers. However, there are few studies of male childhood sexual abuse and even fewer which examine a non-clinical population.

One hundred thirty college males between the ages of 17 and 47 volunteered as subjects. Subjects anonymously completed three questionnaires: a demographic questionnaire, the Sexual History Questionnaire, and the Symptom Checklist-90-Revised (SCL-90-R).

Results indicate that for this sample of college males, there was little difference in level of general psychological distress based on sexual experiences in childhood, as measured by a self-report scale. Subjects unanimously identified themselves as heterosexual, and the majority of subjects who reported a sexual experience in childhood consistent with this study's definition of sexual abuse indicated that the older partner was female. Few subjects rated their experience as unpleasant or having a negative impact on their lives. Although no statistical significance could be found, subjects who reported a sexual experience in childhood consistent with sexual abuse evidenced slightly higher mean t-scores on the SCL-90-R. Level of parental support, age at time of sexual encounter, and gender of the perpetrator had little impact on ratings of level of psychological distress.

It is still unknown if there are significant negative emotional symptoms for men who are sexually abused as children. This study's data suggests that whatever impact remains in adult life is clinically mild. The limited sample size and mild magnitude of this phenomenon suggest caution in generalizing these findings. Future research in this area should include larger sample sizes, assessment of male subjects' perception of male/female gender roles as a possible mediating factor in response to sexual experiences in childhood, and multiple data collection methods.

CHAPTER 1

INTRODUCTION

Within the past decade, there has been increased concern regarding the impact that childhood experiences have on development. Parents and consumer groups have organized to protest what they perceive as the increasing violence in various media, suggesting that children exposed to violent acts will suffer detrimental effects such as decreased empathy and increased aggressive behavior. Lobbying on behalf of such beliefs has resulted in significant changes in all forms of popular media, including children's television programming, movies, music, and video games; each of these areas now has explicit guidelines for what is acceptable as well as recently constructed "parental advisory" and "violence level" warnings.

Similar concerns about child development have led to research on children's reaction to abuse. There are several methodological difficulties inherent in child abuse research, the most prominent being the retrospective nature of most studies and the significant amount of concurrent forms of abuse, such as physical abuse and emotional neglect, sexual abuse and physical abuse, neglect and emotional abuse. Continued refinement of research methodology has gradually led to a vast amount of knowledge on specific forms of abuse. It appears that there is no specific outcome following abuse, but

rather a multitude of outcomes dependent on several factors. While there are some points that researchers continue to dispute, most agree that child abuse negatively affects the psycho-social development of the child.

Research on child sexual abuse has predominately been based on the maltreatment of females. While the abuse of females in this society is clearly significant, there is increasing evidence to suggest that the sexual abuse of males is more prevalent than previously believed. There have been a limited number of studies examining the immediate outcome of sexual abuse for males, and even fewer studies examining the long-term correlates of childhood sexual abuse of males. In addition, research findings are more inconsistent within the area of male childhood sexual abuse, and there is little comparability between studies of female childhood sexual abuse and male childhood sexual abuse.

One explanation for the contradictory findings in the literature on male childhood sexual abuse is the reliance on measures of sexual behaviors as the outcome. Sexual functioning is often used as the barometer of psychological adjustment in males; this may not be an accurate assumption. In addition, many studies of male childhood sexual abuse are descriptive in nature, and there is evidence that males are reluctant to acknowledge sexual abuse due to strong societal notions of masculinity. The Symptom Checklist 90-Revised is a well-standardized measure of psychological adjustment that has been used frequently in studies examining the sequelae of sexual abuse of females. There is limited literature of the SCL-90-R's use in studies examining the sequelae of sexual abuse of males.

The purpose of the present study was to examine the psychological adjustment of adult men who reported childhood sexual experiences consistent with criteria for childhood sexual abuse. It was anticipated that the use of measures previously used in studies of both male and female sexual abuse would clarify previous findings in the literature as well as allow comparison across studies. It was also anticipated that distinct groups of adults would be present when additional factors such as gender of the abuser, age at time of abuse, and other family variables were accounted for.

CHAPTER 2

REVIEW OF LITERATURE

Sexual Development

Various theoretical models have been proposed to explain the sexual development of humans. Few of these models predict how an individual's development will proceed, and prediction becomes near impossible when sexual development is viewed through any single explanatory process (Bancroft, 1989). Argument continues as to whether sexual development depends on innate factors (nature) or environmental factors (nurture), but it has become increasingly clear that the issue of sexual development is not an "either/or" case. There is some consensus that on a general level, sexual experiences in childhood have an impact on sexual development and later sexual behavior. This suggests that there are many points along the path of sexual development that are disrupted by an experience of sexual abuse.

Sexual abuse during childhood and adolescence may lead to concerns about sexual identity and sexual performance. Abused males frequently have concerns about their masculinity, being homosexual, and being sexually attractive (Faller, 1989; Gilgun & Reiser, 1990; Krug, 1989; McLaren & Brown, 1989). In an attempt to understand relationships with others, the male who has been victimized frequently seeks to define

what is normal; how does the typical male demonstrate maleness, what is acceptable sexual behavior, and what does it mean to be a victim of sexual abuse for future relationships?

The Development of Gender Identity

Gender can be manifested in at least seven levels: chromosomes; gonads; hormones; internal sexual organs; external genitalia and secondary sexual characteristics; the gender assigned at birth ("It's a boy"); and gender identity ("I am a girl"). Each of the above levels leads to the next as part of the development process. The last two, gender assignment and gender identity, are of interest for the purpose of this examination of sexual development.

How a child develops in terms of psychological gender depends in large part to how he or she is brought up. How that child is brought up depends on the initial observation of anatomical gender--"it's a girl." If anatomical development has proceeded normally, this initial observation and gender assignment should not be a problem. However, if anatomical development has not proceeded normally, there may be ambiguity of the external genitalia which can lead to an arbitrary gender assignment for the child.

Case studies of pseudohermaphroditism and ambiguous genitalia have examined the psychological gender of the child and suggest that there is a critical stage in psychological development when the belief ("I am a female" or "I am a male") becomes fixed (Bancroft, 1989). This point is often referred to as the core gender identity and occurs between the ages of two and four (Cole & Cole, 1989; Gleitman, 1987). It is hypothesized that core gender identity development is related to the stage of cognitive development when gender

begins to have meaning (Cole & Cole, 1989; Gleitman, 1987). There is uncertainty about how fixed the core gender identity remains after this critical phase, and whether reassignment can successfully occur at a later stage. Bancroft (1989) cites evidence of one case in which incorrect assignment was successfully reversed as late as 13 or 14 years of age. Bancroft suggests that the successful gender reassignment may depend on the degree of uncertainty about the child's identity in the first place. If, by the age of 4, a child feels unquestionably female (or male), then later attempts to change identity will probably fail; however, if the child is still questioning gender identity and feels uncomfortable with the assigned gender, then reassignment may be very successful even at a relatively late stage of development (Bancroft, 1989).

Sex Differences in Behavior

In addition to the core gender identity, a child develops a sense of masculinity or femininity and expresses this through typically masculine or feminine behaviors (Cole & Cole, 1989; Gleitman, 1987). In American society, boys show more physical activity such as rough and tumble play, more active physical exploration, and interest in war games; girls typically engage in more domestic play. These are generalizations that apply to the majority, but are culture specific; other societies may have the reverse. This raises the controversy of how much gender roles are socially determined versus how much gender roles are due to inherent qualities about males and females. To what extent is typical boy and girl behavior learned?

Sexual Identity Development

Bancroft (1989) proposes a 3-stage model of sexual identity development:

1. pre-labeling stage: when childhood and early adolescent sexual experiences occur without the need to categorize them as either homo- or heterosexual.
2. self-labeling stage: at some stage the individual asks the question "Am I straight or gay?" and begins to interpret experiences as evidence for or against.
3. social labeling: at some later stage, the social world asks the same question about the individual, influencing the cognitive learning process and reinforcing labels as well as providing the underlying assumption: "You are either one thing or the other."

One of the most significant periods of gender and sexual identity development occurs during transition from childhood to adolescence (Bancroft, 1989; Gilgun & Reiser, 1990). There are important hormonal changes during this period, as well as psychological changes. Prior to this stage, a pre-pubertal child may have become extremely competent and confident in his or her childhood gender role, and may become confused about that role by the changes that occur during puberty (Bancroft, 1989). For example, changes in the body appearance and shape may produce a phase of uncertainty about the future, e.g., "will I always look like this?" In conjunction with dramatic physical changes, there are also accompanying emotional changes such as feelings of social awkwardness and emotional instability, partly due to hormonal changes. And finally, the rules about the relationship between males and females change, as sexuality becomes a very important aspect of gender (Bancroft, 1989). Success in sexual

encounters may be used to bolster self-esteem or exert control or dominance (Giannandrea, 1985; Gilgun & Reiser, 1990).

Some adolescents postpone their entry into this sexual phase of development, substituting nonsexual supports for both their gender identification and self-esteem (Bancroft, 1989). For example, a boy may concentrate on a sport, justifying avoidance of sexual contact as a necessary part of his dedication (Bancroft, 1989). This may be effective to some degree, but it also serves to alienate him from his peers and delay learning how to manage male-female relationships. For other adolescents, early attempts at forming sexual relationships are largely aimed at proving their newly reestablished gender identity; such adolescents are likely to seek multiple sexual experiences as a way to assert their masculine or feminine gender identity (Giannandrea, 1985; Goff, 1990).

Kagan and Moss (1962) assessed the degree of heterosexual interaction (i.e., interaction with children of the opposite sex) and opposite sex activity (i.e., interest in and practice of activities traditionally associated with the opposite sex) at different stages of childhood and adolescence. Between the ages of six and 10, boys and girls played predominantly in same-sex groups. Children, especially boys, who did not conform in this respect were often rejected by their same-sex peers (Kagan & Moss, 1962). With opposite sex activity they again found greater predictability in boys than girls. Even as young as three to six years, the extent of opposite sex behavior was highly correlated with opposite sex behavior of adults. Competitiveness and involvement in mechanical, gross motor and aggressive games during the preschool years were prognostic of sex role activities 20 years later (Kagan & Moss, 1962). In another study of preschool children, boys who engaged in stereotypical feminine behavior received a considerable amount of

disapproval from their peers, and to a lesser degree from their teachers (Fagot, 1977). This pattern was not observed in girls. Fagot asked the interesting question of why this behavior persisted in the face of such unremitting discouragement, and suggested that either opposite influences in the child's home were operating or possibly some biological factor, unresponsive to social learning, was involved.

Kagan and Moss (1962) also assessed anxiety about sexual behavior at the late adolescent and early adult stages. For the boys, but once again not for the girls, the absence or lack of clearly masculine behavior between the ages of 3 and 10 years was associated with greater anxiety about sex in early adulthood. In addition, early masculine behavior was predictive of earlier dating and involvement in erotic heterosexual activity during adolescence.

The timing of puberty also has a bearing on gender identity, sexual identity, and personality development (Bancroft, 1989). Boys who are late in reaching puberty tend to be less popular and less assertive. "Manliness" and sexual vigor are highly regarded attributes among adolescent males, and boys who have not reached puberty by 16 years or so may begin to doubt their masculinity and become anxious and introspective about their development; girls' reactions to early or late puberty are more complex and there are fewer clear advantages to early maturation in females (Bancroft, 1989; Kinsey, Pomeroy, & Martin, 1948).

Adolescence is the period where gender identity, sexual responsiveness, and sexual preferences are becoming integrated (Giannandrea, 1985; Gilgun & Reiser, 1990; Gleitman, 1987; Goff, 1990). Gender identity continues to undergo periods of change with increasing age. Work role identity becomes an important aspect of gender identity

during early adulthood. Work role identity tends to reflect the prevailing sex role stereotypes; for males, the work role tends to bolster a sense of masculinity, while for females it generally produces conflicts with her femininity (fears that being successful in a career will make her less attractive as a woman and less successful as a mother) (Bancroft, 1989; Cole & Cole, 1989).

Other factors such as work, parenthood, and hobbies gradually begin to reinforce gender identity, and it becomes less necessary to rely on sexuality to define one's gender identity. This change in what reinforces gender identity allows for the establishment of mutually rewarding and mature sexual relationships (Bancroft, 1989). Each partner is not working toward incompatible goals through their sexual exploits, and thus they concentrate more on establishing intimacy and forming a relationship. However, if one partner experiences a crisis in a nonsexual area (such as the threat of losing a job), a previously stable sense of gender identity may be undermined. Such a threat to gender identity may result in a regression in the individual's use of sexuality, and sexual relationships may be exploited to bolster self-esteem (Bancroft, 1989; Giannandrea, 1985).

Sexual Preferences

Sexual preference indicates the type of person (or thing) and/or type of activity with that person that is most likely to evoke sexual interest and arousal. The choice of partner may reflect other needs of equal or greater importance than the experience of sexual pleasure (e.g., marrying for money rather than love). A controversy arises between those who see sexual preference as a manifestation of early organization or learning and

those who see it as a product of an ongoing development process that is malleable (Bancroft, 1989; Cole & Cole, 1989; Gay, 1989; Giannandrea, 1985; Gleitman, 1987; Kagan & Moss, 1962; Kinsey et al., 1948; Seligman & Hager, 1972). Most psychoanalytic theories emphasize the importance of early experience in determining later sexual preference (Cole & Cole, 1989; Gay, 1989; Gleitman, 1987). Theoretical models posited from such positions are frequently difficult to test.

The most important dimension of sexual preference is the gender of the preferred partner. Are we attracted to someone of the same gender, different gender, or both genders? Are sexual preferences predominately homo- or heterosexual? Connected to this is the type of person we are attracted to: businesswoman or housewife, jock or bookworm? Although there are themes shared with other people, each person is unique in his or her pattern of preferences (Bancroft, 1989; Cole & Cole, 1989; Kinsey et al., 1948). This factor is important because it determines the type of relationship we will have with others (Bancroft, 1989; Goff, 1990). For example, a person attracted to married men will have a different type of relationship with men (and women) than a person attracted to single males. Other qualities which factor into what we consider sexually attractive include such things as body shape, facial characteristics, age, and body movement or behavior (Bancroft, 1989; Cole & Cole, 1989; Kinsey et al., 1948).

Another characteristic of human sexuality is the person's tendency to prefer certain kinds of sexual activity. Preferences for particular types of sexual activity also vary from person to person, and this variability also influences the nature of our interpersonal relationships. People vary in their preference for certain positions during intercourse, oral-genital or anal stimulation (Bancroft, 1989; Gilgun & Reiser, 1990;

Kinsey et al., 1948). If our preferences in sexual activity match our partner's, then they may strengthen or at least enhance the relationship (Bancroft, 1989). However, if they are unacceptable or threatening to our partner, then the relationship may be weakened or even destroyed (Bancroft, 1989; Goff, 1990).

There is considerable debate regarding how sexual preferences are established, with much of the controversy surrounding two aspects of the above: what physical characteristics are considered sexually attractive and what gender we are attracted to. Often a "nature/ nurture" debate ensues when discussions of the establishment of sexual preferences, with some suggesting sexual preferences are learned behaviors and able to be changed, while others suggest sexual preferences are biologically determined and immutable (Cole & Cole, 1989; Fagot, 1977; Gay, 1989; Giannandrea, 1985; Gleitman, 1987; Kagan & Moss, 1962; Kinsey et al., 1948; Seligman & Hager, 1972).

There is some indication that society influences what is considered sexually attractive and acceptable (Bancroft, 1989; Giannandrea, 1985). For example, it has been suggested that what is considered attractive varies according to gender and the times. Men are typically described as placing an emphasis on more physical and visual attributes, while women often are described as having a wider range of qualities that they find attractive, including social class, wealth, or power (Bancroft, 1989; Cole & Cole, 1989; Giannandrea, 1985; Gleitman, 1987). During the 15th century, Botticelli painted women that were considered highly desirable due to their "full figured" and "voluptuous" forms; Calvin Klein currently showcases the latest trend toward younger, prepubescent looking women being considered highly desirable. Similar to this, women with thin, demure lips were highly sought after by men at one time; recently women with fuller lips

have been considered more sexually attractive, and have led to a significant number of women seeking cosmetic surgery to achieve this quality. Bancroft (1989) also noted that review of the literature suggests that in societies and time periods with a stronger patriarchal influence, homosexuality is not tolerated and frequently persons exhibiting such behaviors are persecuted; in contrast, societies and time periods with a stronger matriarchal influence at a minimum tolerate homosexual relationships.

Anxiety

Anxiety associated with certain types of sexual activity or partner may "push" a person away from such a preference. Two types of threats may be involved, including fear of failure and fear of success (Bancroft, 1989; Cole & Cole, 1989; Gleitman, 1987). Fear of sexual failure or rejection by a sexual partner is usually associated with lack of self-confidence or low self-esteem, or uncertainty about one's gender identity, sexual attractiveness, sexual competence or sexual preference (Bancroft, 1989; Briere & Runtz, 1988; Faller, 1989; Finkelhor, 1990; Gilgun & Reiser, 1990). For example, a man unsure of his masculinity or attractiveness to women may feel safer in sexual involvement with another male (Gilgun & Reiser, 1990; Goff, 1990; Harry, 1989). Fear of success is the fear of the actual sexual encounter; this is often related to guilt about sexual enjoyment or fear of its consequences, learned during childhood and is often reinforced by a sexually repressive environment (Bancroft, 1989; Gay, 1989). The Oedipus complex, a central aspect in the psychoanalytic theory of sexual development, is an example of this guilt or anxiety about the sexuality of one's relationship with the opposite-gender parent (Gay, 1989). If a boy learned to be threatened by the sexual implications of his relationship

with his mother, he may avoid sexual relationships that appear similar, such as women who appear similar to his mother, relationships involving love, or heterosexual relationships altogether (Bancroft, 1989; Gay, 1989).

Anxiety may also act to “pull” a person toward certain preferences (Gilgun & Reiser, 1990; Harry, 1989; Muehlenhard & Cook, 1988). An example would be where sexual activity becomes a method of dealing with a threatening relationship; homosexual relationships in prisons frequently involve one partner who engages in homosexual behaviors due to anxiety and fears about what would happen to him if he did not (Myers, 1989). Again, psychoanalytic theory suggests that during the Oedipal phase of psychosexual development, males may cope with a threatening male figure by developing homosexual preferences (Bancroft, 1989; Gay, 1989).

Parent-child Relationship and Sexual Development

As noted above, psychoanalytic theory implicates the parent-child relationship as a significant factor in the sexual development of children. Theorists suggest that particular types of mothering techniques may lead to specific forms of male sexual development; for example, mothers that are described as binding and overly intimate with their sons are commonly cited for being related to males developing a homosexual identity (Bancroft, 1989; Gay, 1989; Pierce & Pierce, 1985). Others focus on the father-son relationship; fathers ranging from absent, to detached, to hostile have been implicated in the cause of male sexual disorders (Giannandrea, 1985; Harry, 1989; Violato & Genius, 1993). However, much of the support for such theories rests on examining psychiatric populations, and other evidence suggests that the child's gender identity

problems influence the parent-child relationship. Thus, rather than parental behaviors causing the child's homosexual behaviors and subsequent parent-child discord, the child's atypical gender role behaviors may cause disturbed parent-child relationships (Bancroft, 1989; Benedict & Zautra, 1993; Fagot, 1977; Finkelhor, 1994; Harry, 1989).

Innate Factors Involved in Sexual Development

It has also been theorized that learning does not play a major role in sexual development, and that humans are born programmed to learn certain things more than others (Bancroft, 1989; Gay, 1989; Giannandrea, 1985). Seligman and Hager (1972) coined the term "preparedness for learning," which means that there is something innate which makes us particularly susceptible to certain types of environmental influence. This seems to make sense when considering the preference for same-gender (homosexual) activities and cross-gender (heterosexual) activity. Support for innate factors is best represented by genetic research, which finds a greater concordance for homosexuality amongst monozygotic twins than dizygotic twins (Bancroft, 1989). In addition, it is common clinical experience that some men have sexual preferences so fixed and specific that they must resort to specific fantasies and activities in order to get any sexual pleasure (Bancroft, 1989; Goff, 1990; Kinsey et al., 1948). For example, men who can only experience sexual pleasure when their sexual partner is a small, large breasted woman with small hips and large thighs. Proponents of such a biologically driven model of sexual behavior suggest that there is an innate drive in heterosexual men to find such women more attractive in order to ensure the continuation of the species (Bancroft, 1989; Giannandrea, 1985). For the majority of persons (heterosexual and homosexual), there is

some sexual adaptability, but the above does suggest that sexual preferences are not entirely based on learning experiences.

Development of Sexual Preferences: Females

The preceding review of sexual development began by describing general issues and factors common to males and females, and then gradually became more focused on male sexual development. While the sexual development of females is just as important and complex, the scope of this study is to examine the psychosexual development of males. It is assumed that many of the mechanisms that underlie male sexual development are present in female sexual development. However, females evidence differences that may elaborate on male sexual development.

For example, the more bizarre and fetishtic types of preferences common to males are rarely, if ever, seen in females (Bancroft, 1989; Gay, 1989). While women have been shown to exhibit sadomasochistic tendencies to a limited extent, they do not develop fetishes and rarely participate in antisocial sexual behaviors such as voyeurism (Goff, 1990; Krug, 1989; Peluso & Putnam, 1996). Sexual abuse of children by women occurs more than originally believed, but is undoubtedly less common than abuse perpetrated by males (Faller, 1989; Finkelhor, 1990; Krug, 1989; Metcalfe, Oppenheimer, Dignon & Palmer, 1990; Muehlenhard & Cook, 1988; Myers, 1989; Peluso & Putnam, 1996; Roane, 1992; Watkins & Bentovim, 1992). Some researchers of sexual behavior also suggest that while women do develop homosexual preferences, they may be less frequent than males (Bancroft, 1989; Faller, 1989; Gay, 1989). It has been speculated that because females do not have as clear a genital signal (e.g., penile erection) as males do from

arousing visual stimuli, females are less likely to learn sexual responses to both "normal" and "abnormal" stimuli (Bancroft, 1989). This explanation is often used in support of the common view of adolescent female sexuality as less genitally oriented (Bancroft, 1989; Gay, 1989).

Sexual Abuse

Estimates of the number of child abuse and neglect cases in the United States range from approximately 500,000 per year to as high as 2.3 million (Widom, 1989). Reports of the prevalence of sexual abuse of females range from 6% to 62% (Carlin & Ward, 1992; Metcalfe et al., 1990). Reports of the prevalence of male sexual abuse range from 3% to 30% among men, with the general consensus among researchers that prevalence is quite high (Carlin & Ward, 1992; Faller, 1989; Finkelhor, 1990). In 1995, local child protective service agencies identified 126,000 children who were victims of either substantiated or indicated sexual abuse; of these, 75% were girls (Department of Health and Human Services, Administration for Children and Families, 1995). In 1995, 32,130 males age 12 and older were victims of rape, attempted rape or sexual assault (Bureau of Justice Statistics, U.S. Department of Justice, 1996).

Finkelhor's review of the literature included examination of early and long-term effects of sexual abuse. Empirical studies he reviewed affirmed the presence of a variety of symptoms in children immediately following sexual abuse. Such symptoms include fear, anxiety, depression, anger, and sexually inappropriate behaviors (Finkelhor, 1990). Childhood sexual abuse appears to be related to increased adult psychopathology and symptoms; long-term symptoms commonly cited following sexual abuse include

depression, self-destructive behavior, anxiety, poor self-esteem, sexual maladjustment, substance abuse, and difficulty trusting others (Carlin & Ward, 1992; Finkelhor, 1990). Personality disorders have also been found to be associated with childhood trauma. Most notably, borderline personality disorder and sexual abuse have been linked with childhood sexual trauma (Carlin & Ward, 1992).

However, while there tends to be a greater incidence of personality disorders associated with a history of child sexual abuse or adult sexual assault, no single diagnosis has been particularly associated with child sexual abuse (Carlin & Ward, 1992). This has led many researchers to conclude that abuse may be a general, nonspecific factor which contributes to psychopathology. In general, it is believed that abused children's emotional and behavioral development will be affected by such factors as the age that abuse begins, the nature of the abuse, and other environmental factors. For example, research by Williamson, Borduin, and Howe (1991) found significant differences in the behaviors of groups of adolescents who had been neglected, physically abused, and sexually abused as compared to a non-maltreated comparison group. In general, their findings suggest that adolescents who were primarily neglected tended to be socially withdrawn, while adolescents who were primarily physically abused exhibited a higher frequency of externalizing behaviors, and adolescents who were primarily sexually abused exhibited the highest frequency of internalizing behaviors, as measured by the Revised Behavior Problem Checklist by Quay and Peterson (Williamson et al., 1991).

Central aspects involved in the sexual abuse of children is the betrayal of trust between the adult and child, coercion (both subtle and overt), and physical violation (McLaren & Brown, 1989). Research is currently examining the relationship between the

developmental level of the abused child at the time of abuse and the sequelae that follow the abuse. In general, sexually abused children of all ages have been described as in a state of emotional and moral confusion (McLaren & Brown, 1989). Young school age children may not fully comprehend what is happening to them but tend to have a general sense that something is wrong (McLaren & Brown, 1989). They tend to present with symptoms such as a variety of sleep disturbances (insomnia, nightmares, enuresis, and sleepwalking), as well as various somatic complaints (abdominal pain, headaches, gynecological problems) (McLaren & Brown, 1989).

Older children who have been sexually abused often are described as guilty, blaming themselves partly for the abuse, as well as exhibiting more acting out behaviors, such as running away, and also more self-destructive behaviors, such as substance abuse and actual or attempted suicides (McLaren & Brown, 1989). And finally, a common observation of children who have been sexually abused is that they exhibit sexual knowledge and behaviors inappropriate for their level of development, often resulting in their sexualizing their relationships with others and behaving promiscuously (McLaren & Brown, 1989).

Carlin and Ward (1992) suggest that childhood sexual abuse is likely to produce gradations of changes in thinking, behavior, and symptoms that are best characterized by dimensional scales. These authors question the use of categorical systems such as the Diagnostic and Statistical Manual--Fourth Edition (DSM-IV) (American Psychiatric Association, 1994), which they see as too insensitive to detect many of the behavioral gradations and tendencies seen following childhood sexual abuse (Carlin & Ward, 1992).

Impact of Child Sexual Experiences: Females

Investigators have usually compared abused and non-abused women as if abused women form a homogenous group. Both clinical experience and the lack of specific effects suggest that abused women are not homogenous in their response to their abuse. Some of the heterogeneity may be due to differences in abuse history. Briere and Runtz (1988) found that more symptoms in college students were associated with more invasive forms of abuse, greater duration of abuse, and a number of experiences.

Carlin and Ward (1992) used the MMPI to examine a population of psychiatric inpatient women who had histories of varying abuse. The authors hypothesized that subgroups of women with greater pathology would be characterized by younger age of victimization, greater invasiveness of the experience, higher frequency and greater duration of victimization, and a within-family relationship to the perpetrator (Carlin & Ward, 1992). Cluster analysis of the women's MMPI revealed four clusters, with abuse history significantly related to cluster membership (Carlin & Ward, 1992). The authors found that the prevalence of abuse in one of their subgroups was higher than the base rate of abuse for a psychiatric population, while lower among members of another subgroup (Carlin & Ward, 1992).

The authors concluded from their findings that the overall high prevalence of abuse in psychiatrically hospitalized women suggested that sexual abuse engenders an increased risk of severe psychiatric disorder, but without specificity in regard to type of disorder (Carlin & Ward, 1992). Carlin and Ward (1992) also found greater invasiveness scores among women diagnosed as suffering from personality disorders, leading the authors to conclude that although experiencing sexual abuse may not predispose its

victims to a specific diagnosis, more offensive forms of abuse may be associated with more persistent and embedded forms of psychopathology. Their data did not support the hypothesis that specific aspects of abuse such as chronicity, frequency, and relationships to the perpetrator would be associated with specific diagnoses (Carlin & Ward, 1992). The authors conclude that sexual abuse does not have a single outcome in terms of psychopathology and note the need to examine other factors that shape women's responses to sexual abuse, including coping styles and the role of support and intervention (Carlin & Ward, 1992).

Roland, Zelhart, and Dubes (1989) examined three groups of college women who reported differing child/adult sexual contact; contact with father/stepfather, with other persons, and a control group which reported no such experiences. The authors used the MMPI as a measure of psychological adjustment. Mean MMPI validity and clinical scales showed the father/stepfather group to have several subscales elevated in the clinical range, including scale F, scale 2 (Depression), scale 4 (Psychopathic Deviate), scale 7 (Psychasthenia), and scale 8 (Schizophrenia) (Roland et al., 1989). None of the subscales for the remaining groups were elevated.

In a similar study, researchers examined the ability of the MMPI to uncover histories of childhood abuse in adult female psychiatric patients (Goldwater & Duffy, 1990). More specifically, the researchers examined the relationship between the standard and extended Scarlett O'Hara V MMPI configuration and histories of nonsexual abuse, sexual abuse, alcoholic caretaker, and combinations of the above (Goldwater & Duffy, 1990). The Scarlett O'Hara V configuration generally refers to MMPI profiles that have scale 5 (Masculinity/Femininity) at T score below 35, with scale 4 (Psychopathic Deviate)

scale 6 (Paranoia) at T scores 65 or above (Goldwater & Duffy, 1989). Combining blind raters reviews of patient charts for histories of abuse with MMPI profiles obtained at admittance, the authors concluded that the MMPI Scarlett O'Hara V configuration significantly predicts histories of childhood abuse or alcoholic family environment (Goldwater & Duffy, 1989).

Impact of Childhood Sexual Abuse: Males

Finkelhor (1990) suggests that close to one-fourth to one-third of all victims of sexual abuse are boys based on meta-analysis of the literature. Determining the prevalence of sexual abuse of males is hindered by many of the same obstacles that exist in the research in sexual abuse of females. Sexual abuse runs the continuum from exposure to sexual situations inappropriate for the child's age to genital fondling to sodomy; researchers frequently do not elaborate on the criteria used to define abuse, making it difficult to compare results across studies (Widom, 1989). In addition, relying on subjects' retrospective memories of experiences may not provide accurate information. Some obstacles in doing research on child sexual abuse may be unique to males. Social role expectations work against male reporting of sexual abuse, as males are frequently socialized to be self-reliant and strong, and being identified as sexually abused is viewed by many to represent lack of masculinity, homosexuality, or mental weakness (Hernandez, Lodico, & DiClemente, 1993).

Fromuth and Burkhart (1989) criticize the descriptive nature of studies of male sexual abuse, noting that they typically have focused on such issues as incidence rates and have been less methodologically sound than research with females. Research

investigating the sexual abuse of males commonly has not used established, valid, and meaningful measures, relied more on subject self-definition of abuse, and has involved less comprehensive examination of sexual behavior and experiences as compared to research investigating sexual abuse of females (Fromuth & Burkhart, 1989).

Investigations of the sexual abuse of males typically involve case studies and description of the etiology, variation, and long-term consequences; there has been little to no systematic investigation of male sexual abuse. One reason for this is that males typically report such events during the course of psychotherapy. Krug (1989) reviewed eight therapy case histories in which mothers sexually abused male children. He concluded based on therapy experience that while the sample was small, there was little question that each of the men was pathologically affected by the sexual abuse. All eight cases demonstrated impaired ability as adults in relating to others in an intimate, sustained, and meaningful manner (Krug, 1989). The author noted that 88% of the subjects fit DSM-III criteria for Dysthymic Disorder (Krug, 1989), and 63% of the men were involved in drug abuse. The author noted significant sexual identity issues in each of the cases.

Female pedophilia has been reported as rare, with women being viewed as sexually harmless to children (Krug, 1989). The literature examining the sexual abuse of male children by mothers is lacking in comparison to the literature on sexual abuse of female children by fathers and stepfathers. One figure cites approximately 1% of all incest cases include mother-son incest. Typical explanations for why the incidence of mother-son incest is so low is that there is a strong cultural taboo due to the mother's primary caretaker role and the obvious opportunity for sexual abuse being so high, and

the pure physical aspects of intercourse in a mother-son incestuous relationship limit the sexual abuse of males by their mothers (Krug, 1989). Mothers who do engage in incestuous relationships with their sons are often described as "psychotic," which serves to support the idea of the strong societal taboo, and thus, avoidance of this topic as an area of research.

Fromuth and Burkhart (1989) examined the psychological adjustment of two samples of college age men with histories of childhood sexual abuse. These authors noted that long-term effects frequently associated with childhood sexual abuse, such as anxiety, depression, poor self-esteem, feelings of isolation and stigma, difficulties in trusting others, self-destructive behaviors and sexual maladjustment, were limited to studies of sexually abused females; there has been little research addressing the long-term psychological correlates of sexual abuse of males. Fromuth and Burkhart (1989) posited that based on the different socialization experiences of males and females, there may be a different effect of sexual abuse based on gender. Using a broad definition of sexual abuse that included both contact and non-contact experiences, they interviewed two samples of college men (a total of 582 subjects) who reported sexual experiences with older females.

The authors used several survey instruments; a modification of the childhood sexual victimization questionnaire originally developed by Finkelhor (1979), Finkelhor's Sexual Self-Esteem scale, the Hopkins Symptoms Checklist (SCL-90), the Beck Depression Inventory--Short Form, a Locus of Control Scale, and a modified version of Rosenberg's Self-Esteem Scale (Fromuth & Burkhart, 1989). The authors also attempted to compensate for the confound of family background factors; several researchers have noted that the effects attributed to sexual abuse might be, in part, due to family

background factors (Benedict & Zautra, 1993; Faller, 1989; Johnson & Shrier, 1985; Lindholm & Willey, 1986; Myers, 1989; Roland et al., 1989; Violato & Genuis, 1993; Yama, Tovey, & Fogas, 1993). Fromuth and Burkhart included Fromuth's Parental Support Scale and Parental Bonding Instrument (Fromuth, 1986; Parker, Tupling, & Brown, 1979).

Most of the men did not perceive their experiences as negative (Fromuth & Burkhart, 1989). Interestingly, in spite of this report, many sexually abused men were less well adjusted psychologically than non-abused comparisons (Fromuth & Burkhart, 1989). Men reporting sexual abuse also reported a higher incidence of difficulties achieving and maintaining an erection, as well as problems with premature ejaculation (Fromuth & Burkhart, 1989). In addition, the authors found a discrepancy between their midwestern sample and their southeastern sample; a history of childhood sexual abuse was not related to psychological adjustment in the southeastern sample. This finding could not be explained by differences in the nature of abuse, culture, or region of the two groups; this illustrates the dependence of findings on characteristics of the sample. The authors conclude that their finding of a relationship between sexual abuse and later psychological functioning is consistent with studies involving females (Alexander & Lupfer, 1987; Briere & Runtz, 1988).

Reporting Abuse

Many clinicians have wondered if the impact of sexual abuse on boys differs from that of girls. There is a common presumption that sexual abuse of boys is most often initiated by the child and that boys are less negatively affected by the abusive experience

(Metcalfe et al., 1990). On the opposite end of the spectrum, it is suggested that the response of boys to sexual abuse would differ from girls because boys are less likely to be abused by family members and must deal with fears of homosexuality (Finkelhor, 1990). The general view of the male perpetrator and female victim often makes it difficult for male victims of sexual abuse to report such an event; this theory is often used to explain the discrepancies between incidence rates for males and females. Pierce and Pierce (1985) note that, while more than likely there are fewer father-son/male perpetrator (homosexual child abuse) and mother-son/female perpetrator encounters, fears of the male victim being identified as homosexual and of being exposed as vulnerable lead to both the male victim and others knowledgeable of the male victim's plight to not report such abuse. Thus, societal notions lead to the naive assumption this type of child sexual abuse never occurs.

Comparison of Male and Female Abuse

Defining Abuse

Another difficulty in identifying male victims of child sexual abuse is the difference in which abuse is defined based on gender. Different agencies (medical, legal, etc.) as well as different researchers define sexual abuse with different criteria. For example, some studies, when examining sexual abuse of females, define abuse as "aggravated rape, sodomy, vaginal penetration, fondling, etc." (Fromuth & Burkhart, 1987; Johnson & Shrier, 1985; Pierce & Pierce, 1985). Such definitions do not always apply to male victims, for obvious reasons, but also for more subtle reasons. For example, a definition requiring penetration does not take into account sexually

stimulating behaviors such as a mother who continues to bathe, dress, or sleep with her adolescent son (Pierce & Pierce, 1985). Such behaviors stop short of intercourse, making it unlikely to be reported as child sexual abuse; however, there may be significant consequences on the son's sexual development (Pierce & Pierce, 1985).

Symptoms

Mental health clinics and treatment facilities have particularly large numbers of clients who report histories of sexual abuse, both males and females (Hernandez et al., 1993). One in five men in sexually transmitted disease clinics reports histories of sexual abuse (Hernandez et al., 1993). Psychiatric populations have found the prevalence to be much higher (Hernandez et al., 1993). Several recent studies have focused on clinical samples of boys with histories of sexual abuse. Findings include that most of the perpetrators were related to the victims, consistent with childhood sexual abuse of girls; the most common form of abuse of males was attempted or completed anal penetration; and both boys and girls sexually abused in childhood exhibited increased depression, sex-behavior problems, aggression, and hopelessness compared to non-abused, non-clinical peers (Violato & Genuis, 1993).

Pierce and Pierce (1985) reviewed cases of child sexual abuse reported to an abuse hotline for a four-year period, encompassing 304 subjects. They examined several variables which they believed were related to the abuse, including perpetrator variables, variables that sustained the abuse, and differences between male and female victims. Specific findings of their study include the sexually abused male was significantly younger than the sexually abused female [mean age (male = 8.6), (female = 10.6)], 32%

of the males were African-American, 44% of male victims came from homes with four or more children present, and only 4% of male victims compared to 20% of female victims were removed from the home as a precaution against further abuse (Pierce & Pierce, 1985). The authors suggested that this last finding indicated protective services biases toward not viewing males as vulnerable to continued sexual abuse. In addition, the authors found a significant difference in family composition. Thirty-eight percent of the males had no father figure in the home compared to 12% of the females, and only 24% of the male victims versus 58% of the female victims lived with their natural fathers (Pierce & Pierce, 1985).

In Pierce and Pierce's (1985) sample, all of the perpetrators were family members, relatives, or caretakers. Males were more likely to be abused by stepfathers than females, but females were more likely to be abused by their natural fathers than males. Males were also more likely to live with their natural mothers and to have no father in the home. Perpetrators also most often engaged in oral intercourse with males (52% of the cases) than with females (17% of the cases), masturbation of males (40% males vs. 21% females), and fondling was more prominent with females than with males (63% vs. 32%, respectively) (Pierce & Pierce, 1985). Finally, the perpetrators engaged in three or more kinds of sexual activity with most of the male children (92%), which was almost twice as often for females who experienced multiple sexual acts (48%) (Pierce & Pierce, 1985).

The emotional and physical health of the non-perpetrating parent contributed significantly to differences in abuse of males and females. Persons who abused females were judged more often to be alcoholic as well as less often emotionally ill than those who abused male children (Pierce & Pierce, 1985). The use of force or threats was found

to occur significantly more for males than females; of the males, 45% felt forced and 43% felt threatened, as compared to 35% of females felt forced and 30% felt threatened. Interestingly, males were less likely to see the perpetrator as a tyrant than females (Pierce & Pierce, 1985).

The authors conclude that one difference between male and female child sexual abuse is that society tends to blame the abuser if the victim is a male, while the female victim is viewed as seductive and inviting of the abuse (Pierce & Pierce, 1985). Also, the authors suggest that given the large number of abused males that lived in a home with a mother and no father, males were more psychologically vulnerable because of their need and desire for a male role model. It was hypothesized that sexually abused males may be afraid to refuse sexual advances of relatives or friends because they might then have no one to care about them. Mothers of the abused males were also seen as more emotionally disturbed, suggesting less emotional support for the abused child.

Racial Issues

Just as there is conflict of the similarity and dissimilarity of symptoms between male and female victims of sexual abuse, there is conflict over the role race and ethnicity plays in sexual abuse. Mennen (1995) argues that a child's cultural group influences the values and norms the child develops, characteristic coping and defensive styles, and views toward and the meaning given to life events. Thus, a person's racial or ethnic background affects attitudes about what constitutes acceptable sexual behavior and may influence the way the experience of sexual abuse is processed, the meaning attributed to the abuse, and the severity and types of symptoms that may develop following the abuse.

Mennen (1995) cites several studies that have found racial or ethnic differences in the symptoms related to sexual abuse, but notes that findings remain conflicting and inconclusive.

While there has been an increase in attention to examining sexual abuse issues in terms of males, there has been little improvement in investigation of the relationship between race and sexual abuse. Many researchers put forth the idea that abuse is equally prevalent across socioeconomic levels; this may be true. However, when other variables such as race, family structure, and physical and mental health are factored in, children from lower socioeconomic environments show an increased likelihood of experiencing sexual abuse. Children from low socioeconomic environments and single-parent homes are more frequently targeted for abuse, as are children with physical, neurological, or emotional problems (Hernandez et al., 1993). This suggests that African-American children, especially African-American males, are at higher risk of sexual abuse compared with other groups of children (Hernandez et al., 1993). Demographics indicate that African-American males are over-represented in such situations as above; however, there is scant research on this population or other ethnic minorities.

Priest (1992) specifically examined the prevalence of childhood sexual victimization and subsequent utilization of mental health services in a selected sample of African-American college students. He relied on Finkelhor's (1979) child sexual victimization questionnaire, an instrument previously discussed and widely used in studies of sexual abuse. Fifteen-hundred students at 12 of the 110 historically African-American colleges and universities were randomly selected; a total of 1040 of these questionnaires were included in the study. Twenty-five percent of the female respondents

and 12% of the male respondents reported that they had been sexually abused before age 17 (Priest, 1992). Of the female victims of sexual abuse, only 19% of them received mental health treatment following the abuse, and none of the males had received any form of counseling (Priest, 1992).

Lindholm and Willey (1986) analyzed 4132 cases of child abuse that were reported to the Los Angeles Sheriff's Department in order to examine possible ethnic differences in child abuse and sexual abuse. Of the cases involving sexual abuse, 95% of them involved female victims (Lindholm & Willey, 1986). When the dimension of ethnic group was added, the authors found that for their sample, African-American children were less likely to be sexually abused than Caucasian or Hispanic children (Lindholm & Willey, 1986). Fewer Caucasian females had to participate in sexual intercourse compared to Hispanic and African-American females, and oral copulation occurred more frequently with Caucasian children than with Hispanic and African-American children. Sodomy was generally rare, but Hispanic boys were slightly more likely to have been sodomized than Caucasian boys, and African-American boys did not report sodomy at all in those cases reporting sexual abuse (Lindholm & Willey, 1986). The authors also discovered that 95% of the perpetrators of sexual abuse were male and 5% were female (Lindholm & Willey, 1986).

Lindholm and Willey (1986) conclude that there are significant ethnic differences in many aspects of child abuse, and those differences may reflect the variation in family structure and child rearing attitudes. Fathers were most often the suspects in Anglo and Hispanic families where sexual abuse was investigated, but mothers were the predominant suspects in African-American families where sexual abuse was investigated.

Female suspects were two-to-three times more likely to be single parents than male suspects. In addition, many of the reported cases of abuse involved an adult perpetrator who was "standing in" for a parent (such as a stepparent, common-law parent, boy/girlfriend of the mother/father). Hispanic families showed the greatest concern for physical injury and sexual abuse, while African-Americans showed the greatest tendency to use objects in whippings or beatings as a form of punishment (Lindholm & Willey, 1986). The authors conclude that there are many significant differences in types of abuse observed based on ethnicity, and that such factors must be examined in attempts to understand factors that promote abuse of children.

Mennen (1995) found that in a sample of Hispanic females, girls who experienced vaginal penetration as part of the sexual abuse had mean scores greater than one standard deviation of the standardization samples on measures of depression and anxiety. In contrast, Hispanic girls who were sexually abused but did not experience vaginal penetration produced mean scores closer to the mean of the standardization sample. Mennen (1995) notes that there was little discrepancy in scores of Caucasian and African American girls on measures of depression and anxiety based on the type of abuse. He concludes that the traditional emphasis on purity and the importance of virginity for Latinas may lead to the differences for Hispanic girls based on the type of sexual abuse (Mennen, 1995). Hispanic girls that experience penetration during sexual abuse may have the trauma of sexual abuse compounded by their perceived loss of virginity, and this could increase their feelings of worthlessness.

The amount of information about sexual abuse in Asian populations is almost negligible. Rao, DiClemente, and Ponton (1992) examined distinguishing features of

sexual abuse in Asian populations through retrospective chart reviews. Several significant findings resulted from this approach. First, Asian victims were on average older than their Caucasian, African-American, and Hispanic counterparts (Rao et al., 1992). The fact that Asian children were older may explain another finding: that Asian victims experienced less physically invasive sexual abuse than other ethnic groups (Rao et al., 1992). A significant number of the Asian victims and their families were immigrants, and they were more likely than other groups to be living with both parents (Rao et al., 1992). A male relative was more likely to be the perpetrator of sexual abuse in the Asian cases, and this may be due to the fact that the perpetrator was also more likely to be living with the victim's family at the time of the abuse (Rao et al., 1992). There were also significant differences in symptomatology following sexual abuse based on racial and ethnic differences. Asian victims were less likely than other ethnic groups to express anger and hostility but most likely to express suicidal impulses (Rao et al., 1992). The authors speculated that the reason for this finding is related to cultural pressures within Asian communities to not express hostility openly and to internalize severe conflicts (Rao et al., 1992). Asian family members were least supportive to the victim of sexual abuse. Asian families were least likely to report the abuse, to refer the victim to authorities, to believe the abuse occurred, and to be involved in the evaluation and treatment process (Rao et al., 1992). Following this, Asian victims of sexual abuse were less likely to disclose abuse to such family members as compared to other ethnic and racial groups (Rao et al., 1992).

Rao et al. (1992) also found that Hispanic children were similar to Asians in several ways. Hispanic children were also older than Caucasian and African-American

children when abused, and they were also more likely to be living with their assailant at the time of the abuse (Rao et al., 1992). The authors suggest that such factors as immigration status, parental marital status, and cultural expectations help explain some of the differences between Asian/Hispanic children and Caucasian/African-American children. African-American victims in their sample tended to be the youngest victims, were the least likely to come from intact families, were least likely to be victims of interracial abuse, and suffered more physically invasive forms of sexual abuse (Rao et al., 1992).

CHAPTER 3

MATERIALS AND METHODS

Proposal

Based on the above review of the literature, research is proposed to investigate the relationship between childhood sexual experiences and adult male psychological adjustment. In this study, sexual abuse will be broadly defined to include non-contact encounters to contact encounters (e.g., exposure to another's genitalia to penetration). Furthermore, both coercive and non-coercive events will be defined as sexual abuse; that is, a requirement that the sexual contact be unwanted is not part of the definition. There is some indication that this distinction may account for many of the discrepant findings across studies in terms of symptoms following abuse, the effect of perpetrator gender on male victim outcome, and the relationship of race and ethnicity to sexual abuse of males (Finkelhor, 1979; Fromuth & Burkhart, 1987; Hernandez et al., 1993).

In order to exclude cases of age-appropriate sexual experimentation among peers, an age criterion will also be employed. Specifically, if the subject was 12 years old or younger at the time of the abuse, the older partner had to be at least 16 years old and at least 5 years older than the subject; if the subject was between the ages of 13 and 16 at the time of abuse, the partner had to be at least 10 years older than the subject (Finkelhor,

1979; Fromuth & Burkhart, 1987, 1989). This definition has been used in several studies cited above and will allow for more generalizability of these findings. In addition, there is some speculation of a differential outcome based on age at time of abuse (latency vs. post-latency), with some suggestion that adolescent males have a greater tendency to seek out sexual experiences with older partners while younger children have sexual experiences thrust upon them (Briere & Runtz, 1988; Faller, 1989; Fromuth, 1986; Fromuth & Burkhart, 1987; Gilgun & Reiser, 1990; Goff, 1987; Johnson & Shrier, 1985; Krug, 1989; Peluso & Putnam, 1996; Watkins & Bentovim, 1992).

Hypotheses to be Investigated

Hypothesis I

The primary question of interest is the relationship between reported childhood sexual abuse experiences and adult male psychological adjustment. It is hypothesized that men who report sexual experiences consistent with this study's definition of abuse will be less well-adjusted psychologically compared to men who do not report such experiences as measured by mean T-score elevations of the three global indices on the SCL-90-R. Specifically, men who report experiences of childhood sexual abuse should endorse significantly greater number of items and at greater intensity than non-abused comparisons as measured by the Global Severity Index (GSI), the Positive Symptom Distress Index (PSDI), and the Positive Symptom Total (PST).

Surrey, Swett, Michaels, and Levin (1990) examined 140 women outpatients who reported a history of sexual or physical abuse, both or no abuse. The authors hypothesized that female outpatients would have high rates of reported abuse but lower

than an inpatient population; that the severity of overall symptomatology would be greater for outpatients with a history of abuse compared to non-abused peers; that the patterning of symptoms and diagnosis could be used to identify patients with a reported history of abuse (Surrey et al., 1990).

Eighty-nine of the women (64%) reported a history of abuse. Seventeen (12%) reported sexual abuse only, 37 (26%) reported physical abuse only, 35 (25%) reported both types of abuse, and 51 (36%) reported no history of abuse (Surrey et al., 1990). Of the 76 women who reported the age at which they were first abused, 56 (74%) reported that it was prior to age 18; 12 (16%) reported sexual abuse only, and 28 (37%) reported physical abuse only, and 28 (37%) reported both types of abuse early. Seven (23%) of the 30 patients reporting early sexual abuse also reported later sexual abuse, and 18 (53%) of the 34 patients reporting early physical abuse reported later physical abuse (Surrey et al., 1990).

Of the 17 patients reporting sexual abuse, 15 identified their abuser as a friend (4), father (3), other family member (3), stranger (3), an authority figure (1) or an unspecified person (1). All of the 37 patients reporting physical abuse identified their abuser as either a father (11), spouse (9), mother (6), brother (5), stranger (3), friend (2), and other family member (1). Of the 35 patients reporting both physical and sexual abuse, only 32 indicated the nature of their relationship to the abuser as father (12), stranger (7), brother (3), friend (3), mother (2), sister (2), uncle (1), spouse (1), or a person in authority (1).

The authors found that results of a one-way ANOVA for the Global Severity Index (GSI) of the SCL-90 were statistically significant when scores for four categories of

abuse history were compared (physical, sexual, physical and sexual, no abuse). The means for patients reporting one or both types of abuse were significantly higher than those reporting no abuse (Surrey et al., 1990). The result of a one-way ANOVA on the GSI for first abuse prior to age 18 or no abuse was also statistically significant, with patients reporting one or both forms of abuse having higher mean scores than those reporting none (Surrey et al., 1990). A probit regression analysis carried out determined that the GSI score of the SCL-90-R could correctly identify 68% of the patients with a reported history of abuse (Surrey et al., 1990). A stepwise multiple regression analysis using physical abuse and sexual abuse as the independent variables and GSI as the dependent variable revealed that while physical and sexual abuse were significant factors in predicting scores, abuse accounted for only 7% of the variance measured by the coefficient of multiple determination. This finding suggests that other unknown factors contributed/affected the scores.

In a similar study, Swett, Surrey and Cohen (1990) surveyed an adult male psychiatric outpatient population. The authors investigated the relationship between physical and/or sexual abuse of males and their current adult functioning. Again, it was hypothesized that there would be a higher percentage of the psychiatric population reporting abuse histories as well as a higher level of symptoms compared to non-abused men (Swett et al., 1990).

A total of 125 men were surveyed; the majority of subjects were Caucasian, single, employed or in college, with a mean age of 37.1 years. Sixty of the subjects (48%) reported some history of abuse during their life. Nine (7%) reported sexual abuse

only, 44 (35%) reported physical abuse only, seven (6%) reported both types of abuse, and 65 (52%) reported no history of abuse (Swett et al., 1990). Of the 53 men who reported age at time of first abuse, 45 (85%) reported that abuse was prior to age 18. Seven (13%) reported sexual abuse only, 34 (64%) reported physical abuse only, and four (8%) reported both types of abuse. The nine patients with histories of sexual abuse only identified their abuser as a friend (2), brother, uncle, authority figure, other person, or stranger (1 each), and some other family member (2).

Similar to the study with female outpatients, a one-way ANOVA found there were significant differences in SCL-90-R mean Global Severity Index (GSI) T-scores when scores for the four categories of abuse history were compared (physical, sexual, physical and sexual, no abuse). The means for patients reporting one or both types of abuse were significantly higher than those reporting no abuse (Swett et al., 1990). Of the subjects who reported abuse prior to age 18, results of a one-way ANOVA revealed that such patients had statistically significant higher scores on five of the subscales and the GSI (Swett et al., 1990). Thirty-two subjects reported some form of abuse prior to age 12 and one-way ANOVA showed the same trend toward higher SCL-90-R scores for those who reported some form of abuse compared to subjects with no history of abuse. Results of a two-way ANOVA with the two types of abuse as independent variables and the SCL-90-R scale scores as dependent variables were not significant, indicating that there was no interaction effect (Swett et al., 1990). A probit regression analysis revealed that the GSI of the SCL-90-R could correctly identify subjects with histories of abuse in 68% of the subjects (Swett et al., 1990). A stepwise multiple regression analysis using physical and

sexual abuse as the independent variables and the SCL-90-R GSI as the dependent variable revealed that physical and sexual abuse were significant factors in predicting scores. However, abuse accounted for only 15% of the variance according to the coefficient of multiple determination, suggesting that other unknown factors also were important (Swett et al., 1990).

Hypothesis II

A second hypothesis is that of the men who meet this study's criteria for experiencing sexual abuse, there will be a significant difference in mean scale GSI elevations on the SCL-90-R based on family/parental support, but not based on gender and/or relationship of the perpetrator to the male subject. That is, subjects who report a sexual experience with an older partner as well as lower ratings of parental support will have higher levels of distress as measured by the SCL-90-R GSI, regardless of the gender of the older partner or the relationship of the partner to them. The findings of the Roland et al. (1989) study support investigation of differences based on role of the perpetrator for abuse of females; however, research of male sexual abuse has not resulted in a distinct outcome based on the gender or role of the abuser (Johnson & Shrier, 1987; Krug, 1989; Pierce & Pierce, 1985; Faller, 1989; Fromuth & Burkhart, 1989). Males who are sexually abused appear to consistently struggle with fears of homosexuality and low self-esteem, regardless of the gender of the perpetrator (Johnson & Shrier, 1987; Pierce & Pierce, 1985; Faller, 1989).

Hypothesis III

A third question to be investigated in this study is the relationship of age at time of abuse and adult male psychological adjustment. It is hypothesized that there will be no significant difference in mean scale elevations on the SCL-90-R between subjects who report sexual abuse prior to age 12 and subjects who report sexual abuse following age 12. That is, there should be no discernable difference in adult psychological adjustment based on age of abuse, as measured by mean scale elevations on the SCL-90-R. Again, there are inconsistent findings regarding the impact of abuse at various ages. Some studies suggest that abuse of younger children creates more severe and long-lasting problems (Hernandez et al., 1989), while others suggest that abuse of older children is more detrimental to psychological adjustment (McLaren & Brown, 1989).

Hypothesis IV

Finally, it is predicted that there will be a significant difference in abuse status related to the racial/ethnic background of the subjects. That is, minority subjects will have a greater frequency of abuse compared to non-minority (Caucasian) subjects. As reviewed above, while all forms of abuse occur over the spectrum of socioeconomic levels, additional factors such as racial and ethnic background may increase the chances of having a history of sexual abuse. As previously discussed, differences in abuse patterns by race have been noted in the literature (Hernandez et al., 1993; Mennen, 1994; Mennen, 1995; Priest, 1992).

Subjects

Subjects consisted of college males ($N = 164$) from a state university representing suburban and rural north-central Florida. Data were collected at five occasions over a 20 month period between April 1996 and December 1997. Potential subjects were recruited through the research subject pool program organized by that university's undergraduate psychology program. In this program, students in psychology classes are required to participate in psychological research in order to receive necessary academic credits. At the time that subjects signed up to participate in this research project, they were simply informed of the project identification number and the number of credits offered; they did not have prior knowledge of the nature of the research. At the time that subjects met to complete the test materials, they were not informed of the nature of the study; that is, they were not told that one area of the study was to explore the issue of child sexual abuse. Research assistants conducted most data collection sessions after several training sessions. Subjects completed the testing session in a small group format with no more than 10 subjects per group. All questionnaires (the demographic questionnaire, the Sexual History Questionnaire, and the SCL-90-R) were number coded, with each individual subject's questionnaires having the same number code. Each subject was instructed not to place any identifying information such as their name or social security number on any of the forms. When subjects completed the questionnaires, they were directed to place all materials in an unmarked manilla envelope and place it in a pile for the research assistants.

Following completion of the study and review of the database, 34 subjects were removed from the data pool due to multiple incomplete data points, reducing the total

sample by almost 21% ($N = 130$). Criteria for removal from the database were one or more of the following:

- 1) failure to complete the demographic questionnaire or
- 2) failure to complete one or more of the 4 sections of the Sexual History Questionnaire or
- 3) omission of 18 or more items from the SCL-90-R.

Subjects ranged in age from 17 to 47, but predominately between ages 18 and 20; one subject was an outlier at age 47 and increased the variance sevenfold. When this subject is removed from the data, mean age was 18.73 (see Table 1). The vast majority (72.3%) of subjects were Caucasian (see Table 2). Given the small number of subjects who identified as non-Caucasian, race was re-organized as a dichotomous variable, Caucasian vs. Non-Caucasian (see Table 3). Thus, slightly more than one quarter of the sample was non-Caucasian (27.7%). Reported family income ranged from less than \$10,000 to \$90,000 and higher, with the most frequent family income reported as \$90,000 and higher (see Table 4).

Measures

Demographic Questionnaire

The demographic questionnaire was rationally derived for this study. It employs several items from various forms used in the University of Florida Psychology Clinic (See Appendix A). The form seeks information regarding subject age, racial/ethnic background, family composition, family income, and sexual orientation.

TABLE 1
DEMOGRAPHIC INFORMATION: AGE

AGE	FREQUENCY	PERCENT
17	1	.8
18	70	54.3
17	34	26.4
20	15	11.6
21	5	3.9
20	4	3.1
TOTAL	129	100
MEAN AGE	18.73	
STANDARD DEVIATION	1.03	
VARIANCE	1.06	

n = 129 (1 subject removed due to outlier at age 47)

TABLE 2
DEMOGRAPHIC INFORMATION: RACE / ETHNICITY

RACE/ETHNICITY	FREQUENCY	PERCENT
African-American	8	6.2
Latino/Hispanic (non-Black)	10	7.7
Asian/Asian-American	16	12.3
Caucasian	94	72.3
Other	2	1.5
TOTAL	130	100

TABLE 3
DEMOGRAPHIC INFORMATION: RACE / ETHNICITY
(CAUCASIAN & NON-CAUCASIAN)

	FREQUENCY	PERCENT
CAUCASIAN	94	72.3
NON-CAUCASIAN	36	27.7
TOTAL	130	100

TABLE 4
DEMOGRAPHIC INFORMATION: FAMILY INCOME

INCOME	FREQUENCY	PERCENT
Under \$10,000	2	1.5
\$10,000 - \$20,000	3	2.3
\$20,000 - \$30,000	9	6.9
\$30,000 - \$40,000	3	6.2
\$40,000 - \$50,000	13	10.0
\$50,000 - \$60,000	25	19.2
\$60,000 - \$70,000	11	8.5
\$70,000 - \$80,000	13	10.0
\$80,000 - \$90,000	12	9.2
\$90,000 and above	34	26.2
TOTAL	130	100

Sexual History Questionnaire

Subjects were asked to complete a self-report research survey questionnaire previously used in studies of college students (Fromuth, 1986; Fromuth & Burkhardt, 1987; Fromuth & Burkhardt, 1989). The survey questionnaire is an extensive modification by Fromuth and Burkhardt (1989) of the Sexual Life Events inventory created by David Finkelhor (1979); Fromuth's modified version has been used in several studies and continues to be used in current research (Benedict & Zautra, 1993; Finkelhor, 1979; Fromuth, 1986; Fromuth & Burkhardt, 1989; Metcalfe et al., 1993; Yama et al., 1993; Fromuth, 10/95). Fromuth's questionnaire includes an extensive survey of childhood sexual victimization experiences, as well as items related to family composition and functioning and current sexual and psychological adjustment. For the purpose of this

study, the most current and modified version of Fromuth's survey questionnaire will be referred to as the Sexual History Questionnaire (see Appendix B).

One important aspect of the Sexual History Questionnaire is the objective categorization of abuse. A major component of this process is the use of an age criterion. The age criterion serves to exclude potential age-appropriate sexual experimentation among similar aged peers as well as identify significant discrepancies in age among sexual partners. Specifically, if the subject was 12 years old or younger at the time of the abuse, the older partner had to be at least 16 years old and at least 5 years older than the subject; if the subject was between the ages of 13 and 16 at the time of the abuse, the partner had to be at least 10 years older than the subject.

The use of such an age criterion distinguishes between latency-age sexual experiences and adolescent sexual experiences. In more psychodynamic theories of psychosexual development, the latency phase (roughly age 7 to 12 years) is a period in which there is a decrease in the prominence of pre-Oedipal and Oedipal striving in terms of both intensity and direction (Cole & Cole, 1989; Gay, 1989; Gleitman, 1987; Lewis, 1996). The degree of preoccupation with sexual impulses and interests that are explicitly connected with the assumption of parental roles is significantly diminished during this phase of development (Cole & Cole, 1989; Lewis, 1996). Individuals use denial, avoidance and repression as ways to manage sexual impulses, and gradually also learn to use intellectualization, humor, obsessional interests and sublimation as ways to avoid the original impulse and the anxiety attached with sexual longings (Cole & Cole, 1989; Gleitman, 1987). The central threat to the latency-age child is the re-emergence or breakthrough of the original sexual and aggressive fantasies of the Oedipal phase,

particularly when associated with the urge to masturbate (Gay, 1989; Lewis, 1996).

Sleeping difficulties; nightmares; worries about burglars, bodily harm and death and the ease of regression to earlier modes of relating to parents (e.g., struggles over food, self-care, household responsibilities) may be some of the behavioral phenomena present when a latency-age child is confronted with his sexual impulses (Lewis, 1996).

Adolescence is typically thought to range from approximately age 12 to age 20 years. It is often described as one of the most dramatic phases of human development, marked by profound changes in biological, psychological and social functioning (Cole & Cole, 1989; Gleitman, 1987; Lewis, 1996). The early part of adolescence, or pre-adolescence, is notable for the individual's renewed interest in anatomical differences and masturbation (Cole & Cole, 1989). The next phase of adolescence is usually distinguished by the endocrinological and biological processes of puberty, that is, the development of primary and secondary sexual characteristics (e.g., hair growth, voice changes, menarche, nocturnal emissions) (Cole & Cole, 1989; Lewis, 1996). Adolescence often marks a dramatic shift in how children relate to their parents, with most often seeking ways to become more independent and autonomous (Cole & Cole, 1989; Gleitman, 1987; Lewis, 1996).

Included in Fromuth's sexual experiences survey questionnaire is the Parental Support Scale, a 12-item measure developed by Fromuth (1986) to examine perceived parental supportiveness. It has been suggested that family background and variables are a significant mediating factor in determining the outcome for subjects who had experienced childhood sexual abuse (Fromuth, 1986 and Violato & Genuis, 1993). Subjects are asked to rate on 5-point scales their agreement or disagreement with each item. Both parents

are rated separately on each item and then scores are combined to produce a total score. Fromuth (1986) found that the scale exhibited good internal consistency (α coefficient = .90) and correlated in the expected direction with other items related to parental supportiveness. The Parental Support Scale correlated with feeling emotionally neglected as a child [$r(440)=-.51, p<.0001$]; with perceiving the parental marriage as unhappy [$r(438)=-.36, p<.0001$]; with reporting being physically abused by father [$r(448)=-.21, p<.0001$]; and with reporting being physically abused by mother [$r(446)=-.28, p<.0001$] (Fromuth, 1986). The Parental Support Scale also was significantly correlated with a history of childhood sexual abuse [$r(383)=-.15, p<.01$] (Fromuth, 1986).

For all subjects, item 9 of this questionnaire was of specific interest. Item 9 contains 12 statements which subjects rate their mother and father separately on. Each statement is based on a Likert scale, with 1 being "never" and 5 "very often" (see Appendix B).

For subjects who reported having a sexual experience with an older partner (that met this study's criteria for an abusive sexual experience) before they were 13 years old or after age 13, several items were of interest. Specifically, the subject's age at the time of the experience (items 12, 33), their estimate of the partner's age at the time of the episode (items 13, 34), the gender of the partner (items 14, 35), how the partner was related to them (items 15, 36), what sexual behaviors were engaged in (items 16, 37), who started it (items 17, 38), was force used (items 18, 39), the subject's reaction at the time of the episode (items 24, 45), the subject's feeling at the time of the experience (items 29, 50), and the subject's retrospective view of the effect the episode had on their life (items 30, 51) (see Appendix B).

Finally, several similar items were of interest for subjects who reported engaging in a sexual episode with someone much younger than themselves and consistent with this study's criteria for a sexually abusive experience. Specifically, how old the subject was at the time of the episode (item 54), the age of the younger partner (item 55), the gender of the younger person (item 56), how the younger partner was related to the subject (item 57), the nature of the sexual behavior (item 58), who initiated the sexual episode (item 59), the use of force (item 60), the subject's reaction at the time of the experience (item 66), the subject's feeling about the experience (item 71), the subject's assessment of the impact on his life (item 72), and the subject's assessment of the impact of the episode on their younger partner's life (item 73) (see Appendix B).

SCL-90-R

Finally, subjects were asked to complete the Symptom CheckList-90-Revised (SCL-90-R). Several studies examining adult female psychological functioning following experiences of childhood sexual abuse have used the SCL-90-R (Derogatis, 1994 and Surrey et al., 1990). The SCL-90-R is a 90-item self-report symptom inventory designed to reflect the psychological symptom patterns of community, medical, and psychiatric respondents. It is a measure of current psychological symptom status. The SCL-90-R is designed for use with psychiatric patients, medical patients, and individuals in the community who are not currently patients. Test-retest reliabilities are superior for the SCL-90-R and there do not appear to be any significant practice effects that might bias the results of repeated administration (Derogatis, 1994). A sixth grade reading level is

required to take the SCL-90-R. Each item is rated on a five-point Likert scale (0-4) ranging from "Not At All" to "Extremely."

The SCL-90-R is scored and interpreted in terms of nine primary symptom dimensions and three global indices of distress. The primary symptom dimensions include the following: Somatization, Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychotism. These primary symptom dimensions evolved through a combination of clinical/rational and empirical/analytic procedures; each dimension has been empirically verified (Derogatis, 1994). The syndromes of the SCL-90-R were selected on the basis of clear and consistent definition in the literature so that confusion about what was being measured could be averted (Derogatis, 1994). The authors also required that tangible manifestations of each construct be measurable via standard scales, and particularly, that they be amenable to the self-report modality (Derogatis, 1994). Finally, each of the symptom constructs required empirical confirmation in order to be included in the test device.

The three global indices include Global Severity Index (GSI), Positive Symptom Distress Index (PSDI), and Positive Symptom Total (PST). These indices were developed to provide more flexibility in the overall assessment of the patient's psychopathologic status and to furnish summary indices of levels of symptomatology and psychological distress. Research supports these three indices as separate aspects of psychological disorder (Derogatis, 1994). The function of each of these global measures is to communicate in a single score the level or depth of the individual's psychological distress. Each measure reflects a somewhat different aspect of psychological distress.

The Global Severity Index (GSI) is the best single indicator of the current level or depth of the disorder (Derogatis, 1994). It combines information concerning the number of symptoms reported with the intensity of perceived distress. The GSI is recommended as the single summary measure of psychological distress (Derogatis, 1994).

As reviewed above, both physical and sexual abuse have been linked to psychological distress. The SCL-90-R has been used in several studies to examine sexual and physical abuse, including studies of abusive parents, abused adolescents and adults who report a history of childhood abuse (Derogatis, 1994). Consistent across several studies has been lower SCL-90-R scores for non-abused subjects compared to both inpatient and outpatient subjects who report a history of physical abuse, sexual abuse, or both (Derogatis, 1994). The SCL-90-R has also been used to investigate sexual function/dysfunction. Derogatis and Myers (Derogatis, 1994) reported on a heterogeneous sample of men and women with sexual dysfunction and found that mean SCL-90-R scale scores were elevated into the clinical range.

Procedures

Subjects were group administered the protocol containing the three questionnaires and the Informed Consent by two research assistants (male and female) trained by a graduate student in clinical psychology. Groups ranged in size from 4 to 10 subjects. Subjects completed all forms in a classroom setting at their university. All forms were number coded and students were informed not to place identifying information on any of the forms. Administration time was approximately 45 minutes on average.

Analyses

Scoring of the SCL-90-R was done by hand and completed by the primary investigator. The process of scoring the SCL-90-R questionnaires revealed 28 missing data points randomly dispersed across 19 subjects. The SCL-90-R administration manual notes that approximately 20% (≤ 18) of the items can be omitted randomly from one profile without substantially affecting the GSI (Derogatis, 1994). Corrections for missing data are made by using the actual number of responses (rather than the total possible number of responses) to calculate the index scores. Scores derived using such a method are adjusted estimates, but are considered valid if missing responses are sparse and distributed randomly. Review of the data suggests that this correction method provided valid estimates of the three primary indices of interest (GSI, PSDI, PST).

Coding of the demographic questionnaire and the Sexual History Questionnaire was completed by the primary investigator. Based on this, three areas were of interest from the demographic questionnaire and items coded included racial/ethnic background, sexual orientation, and family income. Several items were of interest from the Sexual History Questionnaire; please refer to Table 2 for a complete list of item numbers and questions.

For clerical purposes, three weeks following the initial scoring of the SCL-90-R, the SCL-90-R was re-scored and all discrepancies were accounted for and corrected by the primary investigator. Similarly, coding of the demographic and Sexual History Questionnaires were matched through analysis of computer printouts and all discrepancies were accounted for and corrected by the primary investigator.

Three areas of statistical analyses were performed using Statistical Package for the Social Sciences (SPSS). First, descriptive data regarding the subjects were investigated. Following this, Pearson bivariate correlations for the SCL-90-R and Sexual History Questionnaire were computed. Third, several T-Tests, Analyses of Covariance and Multivariate Analyses of Covariance controlling for family support and age at time of abuse were conducted in order to explore mean differences between subjects' responses to the SCL-90-R.

CHAPTER 4
RESULTS AND DISCUSSION

Results

Descriptive Statistics

The majority of subjects ($n = 106$, 81.54%) did not report having a sexual experience with an older partner either before age 13 or after age 13. Of the subjects who did report having a sexual experience with an older partner and consistent with this study's definition of sexual abuse, only 15 (11.54%) reported experiences before the age of 13 and only 9 (6.92%) reported after age 13. (see Table 5).

TABLE 5
ABUSE FREQUENCIES: BEFORE AGE 13 AND AFTER AGE 13

	Frequency	Percent
Abused : prior age 13	15	11.54
Non-abused : prior age 13	115	11.54
Total	130	100
Abused : after age 13	9	6.92
Non-abused : after age 13	121	11.54
Total	130	100

One subject reported sexual experiences with an older partner both before age 13 and after age 13. For subjects who reported having a sexual experience with an older partner before age 13, the mean age at the time of the experience was 8; the mean age of their partner was 19.5. For subjects who reported having a sexual experience with an older partner after the age of 13, the mean age was 17; the mean age of their partner was 24. Slightly more than half the subjects who reported having a sexual experience with an older partner before age 13 did so with a female partner ($n = 10$) rather than a male ($n = 4$); one subject did not respond to this question. In contrast, all subjects who reported having a sexual experience after age 13 with an older partner stated that it was with a female ($n = 9$).

Most subjects who reported such experiences before age 13 noted their reaction was one of interest or pleasure in the sexual episode; however, a small number did note experiencing fear at the time of the sexual episode (see Table 6).

TABLE 6
ITEM 24 (REACTION AT TIME OF EXPERIENCE): PRE-13

perp. gender	fear	shock	surprise	interest	pleasure	total
male	0	0	0	3	1	4
female	3	0	1	2	4	10
total	3	0	1	5	5	14

$n = 14$ (1 subject did not respond)

These same subjects overwhelmingly rated their feelings about the experience as neutral to positive at the time it occurred (item 29) and found in retrospect that the experience had a neutral to positive impact on their lives (item 30) (see Table 7).

TABLE 7
ITEM 29 (HOW DID YOU FEEL ABOUT EXPERIENCE?)
AND
ITEM 30 (WHAT EFFECT ON YOUR LIFE) : PRE-13

	positive	mostly positive	neutral	mostly negative	negative	Total
item 29	5	1	7	1	1	15
item 30	3	1	8	3	0	15

n = 15

In contrast, the majority of subjects who had sexual experiences with older partners after the age of 13 noted their reaction as one of interest and pleasure at the time of the episode; only 1 subject noted experiencing fear at the time of the sexual episode (see Table 8).

TABLE 8
ITEM 45 (REACTION AT TIME OF EXPERIENCE): POST-13

perp. gender	fear	shock	surprise	interest	pleasure	total
female	1	0	0	5	3	9

n = 9

Also differing from subjects who reported sexual experiences with older partners before the age of 13, not one subject who had a similar experience after the age of 13 felt negative about the experience or that it had a negative impact on their lives. These subjects overwhelmingly rated their feelings about the experience as neutral to positive at the time it occurred (item 50) and found in retrospect that the experience had a neutral to positive impact on their lives as a whole (item 51) (see Table 9).

TABLE 9
ITEM 50 (FEELING ABOUT EXPERIENCE)
AND
ITEM 51 (EFFECT OF EXPERIENCE ON LIFE): POST-13

	positive	mostly positive	neutral	mostly negative	negative	Total
item 50	6	2	1	0	0	9
item 51	2	2	5	0	0	9

n = 9

A much smaller number of subjects ($n = 6$; 4.62%) reported experiences in which they engaged in sexual behaviors with partners much younger than themselves and consistent with this study's definition of abuse. The mean age of subjects who engaged in a sexual episode with a younger partner was 14.7, while their partner's mean age was 8.4. Subjects primarily engaged in sexual activities with younger females ($n = 4$); one subject did not respond to this question. Most subjects described their reaction at the time of the sexual episode as one of interest ($n = 3$) or pleasure ($n = 2$); only 1 subject reported experiencing fear at the time they engaged in a sexual episode with a younger partner.

Most subjects reported the experience as pleasurable for themselves at the time (item 71). Their assessment of the impact of the sexual episode on the other person was that it was a neutral to mostly positive experience for the younger partner (item 72). In contrast to this, in retrospect they felt the sexual episode with a younger partner had either no impact or mostly negative impact on them (item 73) (see Table 10).

TABLE 10
 ITEM 71 (HOW DID YOU FEEL ABOUT EXPERIENCE)
 ITEM 72 (EFFECT ON YOUR LIFE)
 ITEM 73 (EFFECT ON YOUNGER PARTNERS LIFE): PERPETRATORS

	positive	mostly positive	neutral	mostly negative	negative	Total
Item 71	0	0	3	2	0	5
Item 72	0	0	3	2	0	5
Item 73	0	1	4	0	0	5

n = 5 (1 subject did not respond)

Finally, mean GSI t-scores were not clinically significant, regardless of subject groupings (see Table 11).

TABLE 11
 MEAN GSI T-SCORES (PER GROUP)

	Mean GSI T-score	Standard Deviation	N
Abused	58.74	10.88	23
Non-Abused	57.06	10.58	107
Abused : prior age 13	60.00	60.00	15
Non-abused : prior age 13	57.01	10.57	115
Abused : post 13	57.67	11.14	9
Non-abused : post 13	57.33	10.62	121
Perpetrator	61.67	8.07	6
Non Perpetrator	57.15	10.7	124
Whole Sample	57.35	10.61	130

Correlations

Pearson product-moment correlation coefficients were computed for SCL-90-R indices (GSI, PSD, PST). Of the three possible correlations between the SCL-90-R indices, all three were found to be significantly and positively related to one another (see Table 12).

TABLE 12
PEARSON PRODUCT-MOMENT CORRELATION COEFFICIENTS: SCL-90-R

	GSI	PSDI	PST
GSI	1.000 p = .		
PSDI	.534** p = .000	1.000 p = .	
PST	.902** p = .000	.436** p = .000	1.000 p = .

N = 130

** correlation is significant at the 0.01 level (1-tailed)

The GSI and PST appear to be very highly correlated ($r = .902$, $p = .000$), with 81% of the variance in PST predicted by the GSI. This suggests the GSI and PST are similar measures of the same construct, namely overall level of distress. However, the correlation between the GSI and the PSDI was less strong ($r = .534$, $p = .000$), with only 29% of the variance in the PSDI predicted by the GSI. The PST and PSDI were even less related ($r = .436$, $p = .000$), with only 19% of the variance in PSDI scores predicted by the PST. Based upon issues of multicollinearity, the GSI was decided upon post-hoc as the sole measure of psychological functioning.

Additional Pearson product-moment correlation calculations found no significant statistical relationship between current ratings of mental health on the SCL-90-R (GSI)

and level of reported parental support = $-.073$, $p = .409$, $N = 130$). This suggests that for this sample, there was little relationship between reported closeness with parents and ratings of current mental distress.

In order to examine the relationship between abuse status and perpetration of abuse toward others, chi-square tests were performed. Abuse status prior to age 13 (abused vs. non-abused) was found to be independent of reporting of perpetration of sexual abuse (sexual contact with a much younger partner) (chi-square = $.162$, $p = .687$). Interestingly, the relationship between abuse status post age 13 (abused vs. non-abused) was not found to be independent of reporting of perpetration of sexual abuse (chi-square = 6.809 , $p = .009$). For this sample, subjects who reported no experiences of sexual abuse after the age of 13 exhibited a higher number of sexual experiences with much younger partners, consistent with perpetration of sexual abuse.

T-tests

Several T-tests were conducted to determine if there were differences between subjects who reported sexual experiences consistent with abuse and those who did not.

Abuse prior age 13

There was no significant difference between groups (abused vs. non-abused) for reported level of current distress (GSI: $t(128) = -1.027$, $p = .306$). There was also no distinction between abused and non-abused subjects based on their race or ethnicity (Race: $t(128) = -.516$, $p = .607$), reported level of family income (Income: $t(128) = .560$, $p = .576$), or feelings of closeness with their parents (Parental Support: $t(128) = -1.1146$,

$p = .159$). In general, there was no marked distinction between subjects who did or did not report sexual experiences with an older partner before the age of 13 in reported distress and other demographic information (see Table 13).

TABLE 13
T-TEST FOR EQUALITY OF MEANS FOR ABUSED AND NON-ABUSED
(PRIOR AGE 13)

		ABUSED	NON-ABUSED	t	df	significance (2-tailed)	mean difference
GSI	MEAN	60.000	57.009	-1.027	128	.306	-2.991
	SD	60.000	10.570				
RACE	MEAN	1.333	1.270	-.516	128	.607	-0.064
	SD	.488	.446				
FAMILY INCOME	MEAN	6.667	7.052	.560	128	.576	.386
	SD	2.413	2.520				
PARENTAL SUPPORT	MEAN	71.600	67.609	-1.146	128	.159	-3.991
	SD	9.046	10.407				
PERP.	MEAN	.0667	.408	-.400	128	.697	-0.023
	SD	.258	.205				

N = 130

Abused n = 15

Non-Abused n = 115

Abuse post age 13

Similar to subjects younger than 13, examination of sexual experiences after the age of 13 found no significant differences between those who did report such experiences and those who did not. There was no significant difference between groups (abused vs. non-abused) for reported level of current distress (GSI: $t(128) = -.091$, $p = .927$). There

also was no distinction between abused and non-abused subjects based on their race or ethnicity (Race: $t(128) = .377, p = .707$), reported level of family income (Income: $t(128) = -1.236, p = .219$), or feelings of closeness with their parents (Parental Support: $t(128) = -.985, p = .327$). In general, there was no marked distinction between subjects who did or did not report sexual experiences with an older partner after the age of 13 in reported distress and other demographic information (see Table 14).

TABLE 14
T-TEST FOR EQUALITY OF MEANS FOR ABUSED AND NON-ABUSED
(POST-13)

		ABUSED	NON- ABUSED	t	df	significance (2-tailed)	mean difference
GSI	MEAN	57.667	57.331	-.091	128	.927	-.336
	SD	10.311	10.311				
RACE	MEAN	1.222	1.222	.927	128	.009	.059
	SD	.441	.451				
FAMILY INCOME	MEAN	8.000	6.934	-1.236	128	.219	-1.066
	SD	2.646	2.486				
PARENTAL SUPPORT	MEAN	71.333	67.826	-.985	128	.327	-3.507
	SD	10.271	10.311				
PERP.	MEAN	.441	.009	-2.660	128	.009	-.336
	SD	.441	.180				

N = 130

Abused n = 9

Non-abused n = 121

Subjects who perpetrated sexual abuse

Examination of sexual experiences with a much younger partner, consistent with this study's definition of sexual abuse, found no significant differences between those who did report such experiences and those who did not. There was no significant difference between groups (perpetrator vs. non-perpetrator) for reported level of current distress (GSI: $t(128) = -1.020$, $p = .310$). There was also no distinction between self-reported experiences of sexual abuse perpetration and non-perpetration based on race or ethnicity (Race: $t(128) = -1.248$, $p = .214$), reported level of family income (Income: $t(128) = 1.011$, $p = .314$) or feelings of closeness with their parents (Parental Support: $t(128) = -0.024$, $p = .981$). In general, there was no significant group difference between subjects who did or did not report sexual experiences with much younger partners (see Table 15).

ANCOVAs

Hypothesis I

The relationship between abuse status and ratings of mental distress on the SCL-90-R GSI while controlling for family support was initially proposed to be investigated through the use of discriminant function analysis. However, because the three indices originally intended as dependent variables (GSI, PSDI, and PST) are highly correlated, only the GSI was used in the analysis, as the best overall indicator of global distress. Accordingly, potential group differences in ratings of mental distress (GSI T-scores) for abused and non-abused subjects after controlling for perception of parental support were tested through a one way analysis of covariance (ANCOVA).

There was no significant difference in mean GSI T-scores based on abuse status (see Table 16). Perceived parental support also had no significant influence on self-ratings of current mental health. Thus, this study's first hypothesis was not supported: there was no significant difference in mean GSI T-scores based on report of a sexual experience in childhood consistent with abuse while controlling for parental support.

TABLE 15
T-TEST FOR EQUALITY OF MEANS FOR PERPETRATOR AND NON-
PERPETRATOR

		PERP.	NON-PERP.	t	df	significance (2-tailed)	mean difference
GSI	MEAN	61.667	57.145	-1.020	128	.310	-4.522
	SD	8.066	61.667				
RACE	MEAN	1.500	8.066	-1.248	128	.214	-.234
	SD	.548	.214				
FAMILY INCOME	MEAN	6.000	7.057	1.011	128	.314	1.057
	SD	2.967	2.480				
PARENTAL SUPPORT	MEAN	68.167	68.065	-.024	128	.981	-.102
	SD	7.574	10.444				

N = 130

Perpetrator n = 6

Non-Perpetrator n = 124

TABLE 16
HYPOTHESIS I: BETWEEN SUBJECTS (ABUSE STATUS) ANCOVA
WITH PARENTAL SUPPORT AS CONTINUOUS COVARIATE

		SS	Df	MS	F	Sig. of F
Covariate		122.135	1	122.135	1.074	.302
(Parental Support)						
Main Effects	(Combined)	200.268	2	100.134	.881	.417
	Abuse (<13)	197.847	1	197.847	1.741	.189
	Abuse (>13)	70.688	1	70.688	.622	.432
2-way	Abuse (<13)					
Interactions	X	85.593	1	85.593	.753	.387
	Abuse (>13)					
Model		312.891	4	78.223	.688	.601
Residual		14208.833	125	113.671		
Total		14521.723	129			

a : computed using alpha = .01

b : R-Squared = .022 (Adjusted R-Squared = -.010)

Hypotheses II and III

For subjects who reported an experience of sexual abuse in childhood, the relationship of gender of the perpetrator and relationship of the perpetrator to the subject was of interest. However, as noted earlier, research suggests that family variables (such as perceived parental support) may influence the impact the child's response to the abuse. It was hypothesized that men who meet the criteria for sexual abuse would demonstrate greater distress as measured by the GSI when the perpetrator was male and a close family relative.

For subjects who reported sexual abuse prior to age 13, a 2 X 4 (Gender of Perpetrator X Relationship of Perpetrator) two between group ANCOVA was performed

on the dependent variable GSI, while controlling for age at the time of abuse and perceived parental support (see Table 17). Relationship of Perpetrator to the subject was based on Item 15 on the Sexual History Questionnaire. Given the small number of abused subject per cell, this variable was re-coded as a dichotomous variable (Family vs. Non-family).

TABLE 17
HYPOTHESES II AND III: 2 X 2 (GENDER X RELATIONSHIP) ANCOVA
WITH AGE AND PARENTAL SUPPORT AS CONTINUOUS COVARIATES (PRE-13)

	Type III SS	Df	MS	F	Sig. of F	Observed Power ^a
Corrected	355.891 ^b	5	71.178	.489	.777	.031
Model						
Intercept	1045.126	1	1045.126	7.180	.025	.353
Item 12	4.248	1	4.248	.029	.868	.011
Parental Support	41.048	1	41.048	.282	.608	.018
Item 14	51.687	1	51.687	.355	.566	.020
Item 15	31.334	1	31.334	.215	.654	.016
Item 14	80.102	1	80.102	.550	.477	.026
*						
Item 15						
Error	1310.109	9	145.568			
Total	55666.000	15				
Corrected Total	1666.000	14				

a : computed using alpha = .01

b : R-Squared = .214 (Adjusted R-Squared = -.223)

TABLE 18
CHI-SQUARE TEST OF INDEPENDENCE (RACE X ABUSE STATUS)

	Abused	Non-Abused	Total
Caucasian	16	78	94
Non-Caucasian	7	29	36
Total	23	107	130

Pearson $\chi^2(1) = .105$, Asymp. Sig. (2-sided) = .746

The observed chi-square value ($\chi^2(1) = .105$, $p = .746$) is quite small and negligible; therefore, we must fail to reject the null hypothesis. It must be concluded that for this sample, race and history of abuse are independent of one another; that is, non-Caucasians were not more likely to report experience of abuse compared to their Caucasian peers.

Discussion

Review of Purpose

The purpose of this study was to examine the relationship between childhood sexual experiences and adult male psychological functioning. Specifically, this study sought to examine the impact of sexual experiences that subjects had with older partners on their later psychological functioning; such experiences would be classified as sexual abuse based on the age difference between the partners and the sexualized nature of the relationship.

Much of the literature examining sexual experiences that occur in childhood classify sexual relationships between an older male and a younger female as sexual abuse

Given the small sample size ($n = 15$), power was low and no significant main effects, interactions or covariates were discovered. Perpetrators of the sexual experiences were primarily female ($n = 11$), while the distribution of partners was equally distributed between family ($n = 7$) and non-family ($n = 8$).

For subjects who reported sexual experiences with an older partner after the age of 13, all subjects reported having such an experience with an older adult female ($n = 9$). In addition, each subject who reported having a sexual experience with an older adult female also indicated that their partner was a non-family member ($n = 9$). Thus, statistical analyses similar to the ones used to examine group differences in reported level of distress based on gender of the perpetrator and relationship of the perpetrator to the subject could not be conducted.

Chi-Square

Hypothesis IV

Based on review of the literature, it was predicted that non-Caucasians would be more likely than Caucasians to report having had a childhood sexual experience with an older partner. In order to examine potential differences in reporting of sexual experiences consistent with abuse based on issues of race or ethnicity, a chi-square test of independence was conducted on the sample (see Table 18).

and have found that females who report such histories have greater incidences of anxiety, depression and a variety of psychiatric disturbances (Briere & Runtz, 1988; Carlin & Ward, 1992; Faller, 1989; Finkelhor, 1990; Fromuth, 1986; McLaren & Brown, 1989).

There have been fewer studies investigating the nature of male childhood sexual experiences with older adults, and the research in male child sexual abuse has been less conclusive (Finkelhor, 1990; Fromuth & Burkhart, 1987, 1989; Gilgun & Reiser, 1990; Goff, 1990; Johnson & Shrier, 1985; Krug, 1989; Metcalfe et al., 1990; Muehlenhard & Cook, 1988; Watkins & Bentovim, 1992). Such research is important, as there is growing agreement that a large number of males have a sexual experience with an older partner, whether they classify it as abusive in nature or not. Finkelhor (1994) has called a 1985 Los Angeles Times survey finding that approximately 16% of the general population of males have been sexually abused as children as "defensible as the only truly national estimate." The current study is consistent with this base rate, as 17.69% of this sample reported sexual experiences in childhood that objectively could be classified as sexually abusive.

Current Study Findings

In general, there was no statistically different reporting of distress related to subjects' childhood sexual experiences with older adult partners, regardless of the gender of the adult partner. While such subjects did have slightly higher mean T-scores on the SCL-90-R global indices of distress (GSI, PST, PSDI), their scores were neither in the clinical range of significance (T score = 65 or higher) or significantly different from their peers who did not report such sexual experiences while growing up. The effect size of

0.16 suggests that whatever group differences exist between subjects who reported sexual experiences in childhood with an adult partner and those who did not is of a very small magnitude.

The absence of significant findings in any of the four hypotheses of this study suggest that, as measured by the approaches used herein, boys are not significantly negatively affected by sexual contact with persons older than themselves. This conclusion is borne out by the following results: men who reported boyhood sexual contact with an older person did not report greater distress on the GSI than those who reported no such contact. Additionally, the age of the child at the time of the contact did not seem to affect the level of distress later reported. There were no demonstrable differences in the amount of parental support experienced by the boys who had had these sexual experiences; and there was no evidence that minorities were any more likely to have experienced this type of sexual contact as children than non-minorities.

The lack of power to test the aforementioned hypothesis was a significant limitation in this study. The small overall sample size, further subdivided by the groupings of men into subcategories, created a strong possibility of a type II error in the study, or missing a difference that did in fact exist in the population. The small sample likewise also affected group means used in calculating effect sizes, with an attendant loss of statistical power therein as well. The small effect size found in this study coupled with the base rate of abuse reported in the 1994 Times study indicates that much more subjects would be needed to fully test the hypotheses in this study.

Trends

While no statistically significant differences were found between subjects who reported sexual experiences with older partners and those who did not report such experiences, several trends did emerge. Subjects who reported having sexual experiences with older partners had a mean GSI score that was not significantly different from cohorts who did not report such experiences, but was closer to clinical significance as measured by the SCL-90-R. These group differences were in the direction originally hypothesized. For example, of the 6 subjects who reported sexual experiences with persons younger than themselves, the mean GSI score approached clinical significance ($n = 6$, Mean GSI T-score = 61.67, $SD = 8.07$) and was slightly higher than subjects who did not report a sexual experience with a younger person ($n = 124$, Mean = 57.15, $SD = 10.7$).

Fromuth and Burkhart (1987) found a trend based on age at time of abuse: boys who were younger than 13 tended to have more neutral response, while after age 13 more positive. Similarly, trends observed in this study were that the majority of subjects who had sexual experiences before the age of 13 felt it had a neutral to mostly negative impact on their lives ($n = 15$; positive = 3, mostly positive = 1, neutral = 8, mostly negative = 3), while those whose experiences occurred after age 13 were split between neutral to positive ($n = 9$; positive = 2, mostly positive = 2, neutral = 5).

Literature in the area of sexual abuse has also been concerned with the possibility that people who are abused will go on to abuse others. Meta-analyses of the literature suggest that this is not true; a review by Widom (1989) found that approximately 66% of subjects who report extensive physical abuse, sexual abuse, or neglect do not go on to abuse children. Results of the current study show little evidence to suggest that boys who

experience youthful sexual contact with older persons go on to sexually abuse children themselves. Of the 15 subjects who reported abusive experience prior to age 13, 1 reported a sexual experience with a person much younger than themselves and consistent with sexual abuse. Similarly, 2 subjects who reported sexual experiences after age 13 with someone older acknowledged later sexual experiences with persons much younger than themselves.

While it was difficult to find statistically significant evidence of a negative impact of childhood sexual experiences with older partners, it may be inaccurate to conclude that there was no impact on the subjects and that the experience was totally benign. It is known that anxiety is present for women at the time of an abusive situation; male denial of this would not preclude anxiety from having an impact on their subsequent sexual or emotional development. This is alluded to by slightly higher mean GSI T-scores for subjects who reported experiencing a sexual episode with an older partner in childhood, regardless of how they viewed the episode. The slight discrepancy between subjects' positive perception of the sexual encounter and current ratings of psychological distress is consistent with prior studies in which subjects reported childhood experiences consistent with sexual abuse, denied a negative impact from it yet revealed higher incidences of sexual dysfunction and general distress (Fromuth & Burkhart, 1987, 1989). There are several possible factors that influenced this study's findings and may explain the lack of significant group differences. Yet, the aforementioned statistical power limitations did not allow for an adequate examination of this question. The "negative" results in this study may, like previous studies, represent the subclinical sequelae of this phenomenon.

However, the most plausible conclusion that can be drawn from this data at this point is that the question remains unanswered to any degree of scientific certainty.

Measurement Issues

In addition to low statistical power, there are several possible factors that influenced this study's findings and may explain the lack of significant group differences. Future research in this area would be well served by considering these issues.

One of the greatest difficulties in studying male sexual abuse is the variation in definitions of abuse that exist between studies. Often, differences in how researchers define inclusion/exclusion criteria determine the rate of abuse that is found in their sample (e.g., non-contact behaviors vs. contact behaviors). Some studies rely strictly on the subject's perception of the experience (e.g., was the experience unwanted? Was the experience perceived as abusive?). Fromuth and Burkhart's (1987) review of the literature suggests that substantial variations in the rates of abuse reported can be found even when similar definitions appear to be used.

In this study, an age criterion was used in order to exclude what may have been age-appropriate sexual experimentation among similar aged peers. Specifically, if the subject was 12 years old or younger at the time of the abuse, the older partner had to be at least 16 years old and at least 5 years older than the subject; if the subject was between the ages of 13 and 16 at the time of the abuse, the partner had to be at least 10 years older than the subject. This definition of sexual abuse has been used in several studies (Finkelhor, 1979; Finkelhor, 1990; Fromuth & Burkhart, 1987; Fromuth & Burkhart,

1989) and was used in the hopes of gathering more descriptive data regarding male sexual experiences as well as improving cross-study comparison.

The use of the Sexual History Questionnaire was also felt to improve the generalizability of these results. The use of such a questionnaire allowed for an objective categorization of subjects and then examination of the relationship between such categorization and their perceptions of the experience.

One explanation for this study's findings is that the measures used (SCL-90-R, Sexual History Questionnaire) were too general. The SCL-90-R may not be sensitive to picking up more specific sequelae of this type of abuse (e.g., male childhood sexual abuse). In addition, the Sexual History Questionnaire relied on a wide definition of abuse in which sexual abuse is defined by a continuum of non-contact encounters (e.g., exposure to another's genitalia) as well as contact behaviors (e.g., intercourse). In fact, Fromuth and Burkhart (1987) found that the more stringent the definition of abuse used in research, the more clearly sexual experiences are identified as being abusive and the more similar data appear from study to study.

Given the differences that arise based on varying definitions of abuse, it is also likely that how information regarding male sexual abuse is obtained may determine the type of results found. Most studies using college males tend to use a questionnaire approach such as the Sexual History Questionnaire (Finkelhor, 1979, 1990; Fromuth & Burkhart, 1987; Priest, 1992). Unfortunately, the use of broad, funnel-sampling techniques appears to define different groups in males and females. Females tend to show more similarities between clinical and non-clinical populations with sexual experiences consistent with abuse being seen as having more negative impact (Carlin &

Ward, 1992; Faller, 1989; Fromuth & Burkhart, 1987; Goldwater & Duffy, 1990). In contrast, males reveal more heterogeneity in non-clinical samples using the same methods and data from samples of non-clinical male subjects appear very different from studies that specifically recruit men who report being sexually abused or men in psychotherapy (Fromuth & Burkhart, 1987; Goff, 1990; Muehlenhard & Cooks, 1988; Pierce & Pierce, 1985). For example, Murphy (as cited in Fromuth and Burkhart, 1987) found that 3% of males sampled using a telephone survey had an unwanted sexual contact before age 18. In contrast, the current study with college males found 18.46% of the sample ($N = 130$) reported sexual contact with an older partner before age 18.

The use of paper and pencil questionnaires may also have made subjects more reluctant acknowledge experiences that might be considered shameful or embarrassing. The use of such a highly complex questionnaire as the Sexual History Questionnaire, which relied heavily on the use of contingent questioning, likely contributed to lost data. One study of sexual and drug behaviors found significant differences in how subjects responded based on the format in which the questions were asked. Males who answered questions using an audio computer-assisted self-interviewing (audio-CASI) program were almost four times more likely to report having same-gender sexual experiences in adolescence, compared to their same-age peers who answered the same questions using a paper and pencil questionnaire (Turner, Ku, Rogers, Lindberg, Pleck & Sonenstein, 1998). Subjects were also less likely to use "I don't know" or "refuse to answer" options when using the audio-CASI questionnaire form when compared to responses to the same paper and pencil questionnaire form (Turner et al., 1998). The use of the computerized questionnaire form may allow participants in research projects to feel more anonymity,

thus increasing their likelihood to accurately report on more sensitive or particularly stigmatizing topics such as male childhood sexual abuse.

Given the above, the use of the broad definition of sexual abuse used in this study likely had a mixed impact on the results. On the one hand, the use of such a definition resulted a number of subjects reporting experiences consistent with abuse and with the known baseline for male sexual abuse. Use of a more narrow definition, such as inclusion of subject's definition of the experience as abusive, would likely have resulted in fewer subjects acknowledging such events in their childhood. However, the use of the paper and pencil questionnaire format may have made subjects more reluctant to acknowledge the negative impact of such experiences. In addition, the SCL-90-R may have focused more on general, global behaviors and not been as sensitive to the more subtle emotional and dynamic impact of childhood sexual experiences. The use of measures that looked at each subject's current relationship style and patterns, conflicts and attributions may have found greater differences between groups.

Another factor which may have influenced the findings is the retrospective nature of the study. Subjects were removed in time from the events they reported on, in some cases more than a decade. Questioning them in what may be a relatively benign period in their lives may have led to less emphasis on the impact of any childhood sexual experiences.

Social Desirability

There are several societal perceptions and presumptions which contribute to difficulties in studying male child sexual abuse. Finkelhor (1979) noted that "a priori

assumptions involving the presumed nature of sexual abuse with boys, specifically presumptions of more self-initiated sexual behavior and less negative impact, may have considerable impact on researchers' orientation to investigating this area."

It is important to note that in the current study, all subjects defined themselves as heterosexual. Of the 15 subjects who reported sexual experiences with an older partner before the age of 13, only 4 reported experiences with male partners, while all 9 subjects who reported sexual experiences with older partners after age 13 stated it was with female partners. Male sexual socialization encourages men to define sexual experiences as desirable as long as there is no homosexual involvement. Thus, given that all of the men in the current study defined their sexual orientation as heterosexual and reported sexual experiences with older females, it is perhaps not surprising that the men report these experiences as relatively non-exploitative and without negative effects. Bancroft's model of sexual development suggests that for many males, the self-labeling stage of sexual identity development is a critical period in which males consciously examine their sexuality (Bancroft, 1989). It is possible that if male subjects in this study did experience anxiety at the time of their childhood sexual encounter, the next stage of social labeling may have retroactively transformed the experience. That is, the ever present myth that "any young man is lucky to have a sexual encounter with an older female" may have resulted in subjects denying their anxiety. In addition, non-sexualized issues may have also come into play, such as over-learned sex-typed behavior (e.g., "men are not victims, they are aggressors").

Unique Sample Characteristics

A unique characteristic of this sample was the relatively high level of reported family income. More than half of the subjects reported a family income of \$60,000 ($n = 70$), and of those 34 subjects reported family incomes that were \$90,000 or greater. It is possible that subjects from such social strata felt even more pressure to not reveal potentially embarrassing information. These findings are consistent with other studies where subjects with reportedly "middle-class" or higher family incomes, often present a more mixed and sub-clinical level of symptoms (Fromuth, 1986). One factor which may mediate individual response to sexual abuse is family income (Hernandez et al., 1993). While it may be true that child sexual abuse is prevalent across all socio-economic strata, the impact of such experiences may differ based in part on the level of family income. Thus, individuals from families with limited financial resources and the various life stressors that often accompany lower income may be at increased risk for developing more significant pathology in response to childhood sexual experiences.

College males are often plagued with a multitude of doubts and fears concerning self-esteem, abandonment, bonding, trust, and self-disclosure (Goff, 1990). Young men in this age group are particularly sensitive and vulnerable to feelings of inadequacy, especially with regards to their own sexuality. Many males, including males who may define themselves as homosexual, must grapple with societal views on same sex experiences which often includes explicit expectations regarding gender role behavior as well as both religious and moral condemnation when such roles are rejected. For many college males eager to belong, such a risk of alienation may well influence them to conform to societal expectations regarding their gender behavior. This may result in

males masking any behaviors that are not consistent with their idea of masculinity, such as displaying emotion, acknowledging weakness, or homosexual desires.

Such a discrepancy between internal states and projected behavior may explain some of the variable findings in studies of male childhood sexual abuse. It may explain differences between ratings of sexual experiences and reported anxiety/distress; that is, men who report experiences consistent with an abusive sexual episode, deny negative impact but still endorse high levels of distress (Fromuth & Burkhart, 1987, 1989). Thus, any study of college male sexual experiences must attempt to deal with the confound of developmentally appropriate feelings of inadequacy, depression and anxiety that are common in many college males as well as the added possibility that subject's are reconstructing past childhood experiences to conform to their ideas of gender appropriate behavior.

CHAPTER 5

SUMMARY AND CONCLUSIONS

Based on the above findings, it is concluded that for this sample of college males sexual experiences while in childhood with an older adult partner had no significant negative impact on their later adult functioning. There was little relationship between self-reported sexual experiences in childhood and current self-ratings of general mental health. While older partners were almost exclusively female, there did not appear to be any significant differences in reported mental health based on the gender of the older sexual partner. This data does suggest some possible trends, including multiple sexual experiences in childhood may have a more negative influence on later psychological functioning. This trend would be consistent with research of female sexual abuse.

The SCL-90-R may not be the most sensitive instrument in examining issues related to male sexual abuse with a non-clinical population. Other measures which examine more intrapsychic factors such as gender conformity may help in understanding such complicated data. For example, the use of the MMPI-2 Masculinity/Femininity subscale in conjunction with measures of sexual behavior may provide a better understanding of male sexual abuse. Also, measures of subject's sense of control may also be helpful in understanding male reaction to sexual abuse; while many reported that

the older partner initiated a sexual encounter, it was unclear if the subject felt helpless, if they felt the other person was in charge and how such perceptions of their own autonomy influenced their reaction to the sexual experience.

While this study did attempt to encourage open and honest reporting by subjects through an anonymous data collection process, it is possible that subjects still did not respond candidly to the questionnaires. Given that the current study consisted entirely of subjects who identified themselves as heterosexual and the predominate belief in a heterosexually dominate culture such as ours that sexual experiences with older females are "acceptable if not desirable," it is likely that such a powerful societal norm impinged on any recollection of anxiety, trepidation or fear.

These findings reflect the complex interaction of self-reporting, gender identity, sexual identity and abuse. This may explain some of the trends found in the data. It was hoped that anonymity would improve self-disclosure; while the use of an additional interview may have been helpful in clearing up any missing data points, it probably would have been more difficult for subjects to speak directly with another person regarding their sexual behavior regardless of the nature of such experiences. Given the societal factors which increase the likelihood of men not perceiving their sexual experiences in childhood as abusive, it may be important to continue to rely on broad funnel-type methodology to gain information regarding male sexual experiences and male child sexual abuse. More information is needed regarding male sexual abuse and continued use of similar research methods may better clarify the nature of this phenomenon.

The generalizability of this study is somewhat limited by the small, nonrepresentative sample size on which it is based. While attempts were made to

encourage a broad sample of college males, the majority of subjects represented a largely homogenous group across racial and socioeconomic variables. Future studies using such a questionnaire may benefit from using additional measures which directly question subject's regarding their understanding and perception of sexual abuse. While subjects generally did not feel that their experiences with an older sexual partner had a negative impact on them, their perception of what is considered abusive is uncertain and reliance on an age difference to define abusive relationship is not sufficient.

In conclusion, it is still unknown if there are significant negative emotional symptoms for men who were sexually abused as children. This data suggests that whatever impact remains in adult life is clinically mild. Yet, the limited sample size and mild magnitude of this phenomenon suggest caution in generalizing these findings. Replication with a larger sample and more control over previously discussed measurement issues may unravel this complex and important puzzle in the future.

APPENDIX A

DEMOGRAPHIC QUESTIONNAIRE

DEMOGRAPHIC QUESTIONNAIRE

1) Age: _____

Date of Birth: _____

2) Current Marital Status

- a) never-married
- b) engaged
- c) married
- d) separated
- e) divorced
- f) widowed

3) Racial / Ethnic Identity

- a) African/African-American
- b) Latino/Hispanic (non-Black)
- c) Asian/Asian-American
- d) Caucasian
- e) other (please describe): _____

4) What is your religious background?:

- a) Catholic
- b) Protestant
- c) Baptist
- d) Pentecostal
- e) Jewish
- f) Islamic
- g) other (please describe): _____

- 5) How do you define your sexual orientation?
- a) heterosexual
 - b) homosexual
 - c) bisexual
 - d) other (please describe): _____
- 6) How many sisters do you have? _____
- Please list their ages: _____
- 7) How many brothers do you have? _____
- Please list their ages: _____
- 8) How many step-/half-sisters do you have? _____
- Please list their ages: _____
- 9) How many step-/half-brothers do you have? _____
- Please list their ages: _____
- 10) Please circle your family's yearly income:
- | | |
|------------------------|------------------------|
| a) Under \$10,000 | f) \$50,000 - \$60,000 |
| b) \$10,000 - \$20,000 | g) \$60,000 - \$70,000 |
| c) \$20,000 - \$30,000 | h) \$70,000 - \$80,000 |
| d) \$30,000 - \$40,000 | i) \$80,000 - \$90,000 |
| e) \$40,000 - \$50,000 | j) \$90,000 and above |
- 11) What degree are you expecting to attain in your current program? _____

APPENDIX B
SEXUAL HISTORY QUESTIONNAIRE

PART A

We would like to gather some information about MEMBERS OF YOUR FAMILY.

1. First, about your FATHER.
 - a. Is he:
 1. Living with your mother
 2. Divorced or separated from her
 3. Widowed
 4. Living apart for some other reason
 5. Deceased
 - b. Was there any time before you were 16 when you didn't live with him for more than one year?
 1. Yes
 0. No
 - c. When you last lived with him, how close did you feel to him?
 1. Very close
 2. Close
 3. Somewhat close
 4. Not close
 5. Distant
2. Did you also have a STEPFATHER?
 1. Yes
 0. No
3. Now about your MOTHER.
 - a. Is she:
 1. Living with your father
 2. Divorced or separated from him
 3. Widowed
 4. Living apart for some other reason
 5. Deceased
 - b. Was there any time before you were 16 when you did not live with her for more than one year?
 1. Yes
 0. No
 - c. When you last lived with her, how close did you feel to her?
 1. Very close
 2. Close
 3. Somewhat close
 4. Not close
 5. Distant
4. Did you also have a STEPMOTHER?
 1. Yes
 0. No
5. When you were 12, how would you say your parents' marriage was?
 1. Unhappy
 2. Not very happy
 3. Somewhat happy
 4. Happy
 5. Very happy

6. When you were 12 did you have:
1. Many good friends
 2. A few good friends
 3. One or two good friends
 4. No good friends
7. Do you feel you were emotionally neglected as a child?
1. No, not at all
 2. Yes, mildly neglected
 3. Yes, moderately neglected
 4. Yes, severely neglected
8. How would you describe your family life while you were growing up?
1. Unhappy
 2. Not very happy
 3. Somewhat happy
 4. Happy
 5. Very happy
9. Answer the following questions about the set of parents you had when you were 12. If you did not live with both parents when you were 12, answer for that parent at some earlier age when you were living with him or her.

Never	Rarely	Sometimes	Often	Very Often
1	2	3	4	5

How true was this of your father and mother?

	Father					Mother				
a. Treated you as if you were important	1	2	3	4	5	1	2	3	4	5
b. Was verbally abusive of you	1	2	3	4	5	1	2	3	4	5
c. Played with you	1	2	3	4	5	1	2	3	4	5
d. Was tense, nervous, worried	1	2	3	4	5	1	2	3	4	5
e. Was ill	1	2	3	4	5	1	2	3	4	5
f. Drank heavily	1	2	3	4	5	1	2	3	4	5
g. Understood you	1	2	3	4	5	1	2	3	4	5
h. Kissed you	1	2	3	4	5	1	2	3	4	5
i. Hugged you	1	2	3	4	5	1	2	3	4	5
j. Talked to you when you had a problem	1	2	3	4	5	1	2	3	4	5
k. Was responsive to your emotional needs	1	2	3	4	5	1	2	3	4	5
l. Had emotional problems	1	2	3	4	5	1	2	3	4	5

PART B

It is now generally realized that most people have sexual experiences as children and while they are still growing up. Some of these are with friends and playmates, and some with relatives and family members. Some are very upsetting and painful, and some are not. Some influence people's later lives and sexual experiences, and some are practically forgotten. Although these are often important events, very little is actually known about them.

We would like you to try to remember the sexual experiences you had while growing up. By "sexual", we mean a broad range of things, anything from playing "doctor", to sexual intercourse -- in fact, anything that might have seemed "sexual" to you.

Experience #1

Experience #2

Experience #3

		Exper. #1	Exper. #2	Exper. #3
17.	Who started this?			
	1. You	1	2	1
	2. Other person	1	2	1
18.	Did other person threaten or force you?			
	2. Yes	2	1	0
	1. A little	0	2	1
	0. No	2	1	0
19.	Did other person try to bribe you with promises, candy, money, etc...			
	1. Yes	1	0	1
	0. No	1	0	1
20.	Had the other person been drinking or using drugs?			
	1. Yes	1	0	1
	0. No	1	0	1
21.	Had you been drinking or using drugs?			
	1. Yes	1	0	1
	0. No	1	0	1
22.	Please estimate how many times you had a sexual experience with this person.			
23.	Over how long a time did this go on? (Indicate number of days, months, years).			
24.	Which of these would best describe your reaction at the time of the experience?	1	1	1
	1. Fear	2	2	2
	4. Interest	3	3	3
	2. Shock	4	4	4
	5. Pleasure	5	5	5
25.	At the time it happened, who did you tell about this, if anyone?	Y	N	Y
	1 = YES 0 = NO			
	1. No one	1	0	1
	2. Father	1	0	1
	3. Mother	1	0	1
	4. Other adult	1	0	1
	5. Brother/sister	1	0	1
	6. Friend	1	0	1
	7. Other, please specify			

		Exper. #1	Exper. #2	Exper. #3
26.	Did you <u>ever</u> tell anyone about this experience?			
	1. Yes 0. No	1 0	1 0	1 0
27.	Was this experience ever reported to the police?			
	1. Yes 0. No	1 0	1 0	1 0
28.	Have you ever talked to a counselor about this experience?			
	1. Yes 0. No	1 0	1 0	1 0
29.	At the time, how did you feel about the experience?			
	1. Positive	1	1	1
	2. Mostly positive	2	2	2
	3. Neutral	3	3	3
	4. Mostly Negative	4	4	4
	5. Negative	5	5	5
30.	In retrospect, what kind of effect did this experience have on your life?			
	1. Positive	1	1	1
	2. Mostly positive	2	2	2
	3. Neutral	3	3	3
	4. Mostly Negative	4	4	4
	5. Negative	5	5	5

NOW GO BACK TO PAGE 3 AND ANSWER THE QUESTIONS ABOUT OTHER EXPERIENCES. IF NO OTHER EXPERIENCES, ANSWER THE FOLLOWING QUESTION AND THEN GO ON TO THE NEXT PAGE.

31. Pick one of these experiences and describe how it started. Please use the back of this page to write your answer.

We would like you to think of any sexual experience that occurred to you AFTER the age of 12 with someone at least five years older than you. ALSO, please report any sexual experience that occurred to you, regardless of age, which you did not consent to. That is, a sexual experience which was forced on you or which you didn't want to happen. Do not repeat a relationship which you described earlier. Pick the three most important and answer the following questions; take one experience first and answer all the questions; then return to answer the questions on experience #2 and then #3.

32. No such experience (), go to question #53.

With regard to experiences AFTER age 12 or that were nonconsensual:

		Exper. #1	Exper. #2	Exper. #3
33.	About how old were you at the time the experience started?	_____	_____	_____
34.	About how old was the other person? (If not sure, please estimate)	_____	_____	_____
35.	Was the other person: 1 for male 2 for female	1 2	1 2	1 2

	Exper. #1	Exper. #2	Exper. #3
36. Was the other person:			
A stranger	1	1	1
A person you knew, but not a friend	2	2	2
A friend of yours	3	3	3
A male friend of your parent(s)	4	4	4
A female friend of your parent(s)	5	5	5
A cousin	6	6	6
An aunt or uncle	7	7	7
A grandparent	8	8	8
A brother	9	9	9
A sister	10	10	10
A father	11	11	11
A stepfather	12	12	12
A mother	13	13	13
A stepmother	14	14	14
A teacher	15	15	15
A boss	16	16	16
37. What happened? Circle - 1 for YES 0 for NO			
a. An invitation or request to do something sexual	1 0	1 0	1 0
b. Kissing and hugging in a sexual way	1 0	1 0	1 0
c. Other person showing his/her sexual organs to you	1 0	1 0	1 0
d. You showing your sex organs to other person	1 0	1 0	1 0
e. Other person fondling you in a sexual way	1 0	1 0	1 0
f. You fondling other person in a sexual way	1 0	1 0	1 0
g. Other person touching your sex organs	1 0	1 0	1 0
h. You touching other person's sex organs	1 0	1 0	1 0
i. Other person rubbing their genitals against your body	1 0	1 0	1 0
j. Oral-genital contact - other person stimulating you	1 0	1 0	1 0
k. Oral-genital contact - you stimulating other person	1 0	1 0	1 0
l. Anal intercourse	1 0	1 0	1 0
m. Intercourse	1 0	1 0	1 0
n. Other person took pictures of you while you were naked	1 0	1 0	1 0
o. Other, please mention:			
Experience #1			
Experience #2			
Experience #3			
38. Who started this?			
1. You	1	2	1
2. Other person	2	1	2
	1	2	1
39. Did other person threaten or force you?			
2. Yes	2	1	2
1. A little	1	0	1
0. No	0	2	0

40.	Did other person try to bribe you with promises, candy, money, etc...					
	1. Yes 0. No	1	0	1	0	1
		Exper.		Exper.		Exper.
		#1		#2		#3
41.	Had the other person been drinking or using drugs?					
	1. Yes 0. No	1	0	1	0	1
42.	Had you been drinking or using drugs?					
	1. Yes 0. No	1	0	1	0	1
43.	Please estimate how many times you had a sexual experience with this person.					
44.	Over how long a time did this go on? (Indicate number of days, months, years).					
45.	Which of these would best describe your reaction at the time of the experience?	1		1		1
		2		2		2
	1. Fear 4. Interest	3		3		3
	2. Shock 5. Pleasure	4		4		4
	3. Surprise	5		5		5
46.	At the time it happened, who did you tell about this, if anyone?	Y	N	Y	N	Y
	1 = YES 0 = NO					
	1. No one	1	0	1	0	1
	2. Father	1	0	1	0	1
	3. Mother	1	0	1	0	1
	4. Other adult	1	0	1	0	1
	5. Brother/sister	1	0	1	0	1
	6. Friend	1	0	1	0	1
	7. Other, please specify					
47.	Did you <u>ever</u> tell anyone about this experience?					
	1. Yes 0. No	1	0	1	0	1
48.	Was this experience ever reported to the police?					
	1. Yes 0. No	1	0	1	0	1
49.	Have you ever talked to a counselor about this experience?					
	1. Yes 0. No	1	0	1	0	1
50.	At the time, how did you feel about the experience?					
	1. Positive	1		1		1
	2. Mostly positive	2		2		2
	3. Neutral	3		3		3
	4. Mostly Negative	4		4		4
	5. Negative	5		5		5
51.	In retrospect, what kind of effect did this experience have on your life?					
	1. Positive	1		1		1
	2. Mostly positive	2		2		2
	3. Neutral	3		3		3
	4. Mostly Negative	4		4		4
	5. Negative	5		5		5

Experience #1 _____

Experience #2 _____

Experience #3 _____

		Exper. #1	Exper. #2	Exper. #3
59.	Who started this? 1. You 2. Other person	1 2 1 2	1 2 1 2	1 2 1 2
60.	Did other person threaten or force you? 2. Yes 1. A little 0. No	2 1 0	2 1 0	2 1 0
61.	Did other person try to bribe you with promises, candy, money, etc... 1. Yes 0. No	1 0	1 0	1 0
62.	Had the other person been drinking or using drugs? 1. Yes 0. No	1 0	1 0	1 0
63.	Had you been drinking or using drugs? 1. Yes 0. No	1 0	1 0	1 0
64.	Please estimate how many times you had a sexual experience with this person.	_____	_____	_____
65.	Over how long a time did this go on? (Indicate number of days, months, years).	_____	_____	_____
66.	Which of these would best describe your reaction at the time of the experience? 1. Fear 4. Interest 2. Shock 5. Pleasure 3. Surprise	1 2 3 4 5 2 3 4 5	1 2 3 4 5 2 3 4 5	1 2 3 4 5 2 3 4 5
67.	At the time it happened, who did you tell about this, if anyone? YES = 1 NO = 0 1. No one 2. Father 3. Mother 4. Other adult 5. Brother/sister 6. Friend 7. Other, please specify	Y N 1 0 1 0 1 0 1 0 1 0 1 0	Y N 1 0 1 0 1 0 1 0 1 0 1 0	Y N 1 0 1 0 1 0 1 0 1 0 1 0
68.	Did you <u>ever</u> tell anyone about this experience? 1. Yes 0. No	1 0	1 0	1 0
69.	Was this experience ever reported to the police? 1. Yes 0. No	1 0	1 0	1 0
70.	Have you ever talked to a counselor about this experience? 1. Yes 0. No	Exper. #1 1 0	Exper. #2 1 0	Exper. #3 1 0

71. At the time, how did you feel about the experience?
- | | | | |
|--------------------|---|---|---|
| 1. Positive | 1 | 1 | 1 |
| 2. Mostly positive | 2 | 2 | 2 |
| 3. Neutral | 3 | 3 | 3 |
| 4. Mostly Negative | 4 | 4 | 4 |
| 5. Negative | 5 | 5 | 5 |
72. In retrospect, what kind of effect did this experience have on your life?
- | | | | |
|--------------------|---|---|---|
| 1. Positive | 1 | 1 | 1 |
| 2. Mostly positive | 2 | 2 | 2 |
| 3. Neutral | 3 | 3 | 3 |
| 4. Mostly Negative | 4 | 4 | 4 |
| 5. Negative | 5 | 5 | 5 |
73. What effect do you think this experience had on the other person?
- | | | | |
|--------------------|---|---|---|
| 1. Positive | 1 | 1 | 1 |
| 2. Mostly positive | 2 | 2 | 2 |
| 3. Neutral | 3 | 3 | 3 |
| 4. Mostly Negative | 4 | 4 | 4 |
| 5. Negative | 5 | 5 | 5 |

NOW GO BACK TO QUESTION #54 AND ANSWER THE QUESTIONS ABOUT OTHER EXPERIENCES. IF NO MORE EXPERIENCES, ANSWER THE FOLLOWING QUESTION AND THEN GO ON TO PART C.

74. Pick one of these experiences and describe how it started. Please use the back of this page to write your answer.

PART C

The next series of questions concerns violence in the family.

75. Think back to the time when you were 12 years old. During that year, did your mother ever hit, strike, or in any way attempt to physically harm your father?
- Never
 - Once or twice
 - A few times each year
 - Once a month
 - Every week
 - More often than once a week
76. During that year, did your father ever hit, strike, or in any way attempt to physically harm your mother?
- Never
 - Once or twice
 - A few times each year
 - Once a month
 - Every week
 - More often than once a week
77. Did you ever see your mother hit, strike, or physically harm your father?
- Yes
 - No
78. Did you ever see your father hit, strike, or physically harm your mother?
- Yes
 - No

79. When you were 12 years old, how often would your father or mother spank you?

Mother

1. Never
2. Once or twice
3. A few times each year
4. Once a month
5. Every week
6. More often than once a week

Father

1. Never
2. Once or twice
3. A few times each year
4. Once a month
5. Every week
6. More often than once a week

80. Before you were 18 years old, were you EVER physically abused by your father?
1. Yes 0. No
81. Before you were 18 years old, were you EVER physically abused by your mother?
1. Yes 0. No

PART D

82. Which of the following best describes how frequently in the past month you engaged in sexual intercourse with a woman?
0. I have never engaged in sexual intercourse
 1. I have engaged in sexual intercourse, but not in the past month.
 2. 1-5 times in the past month
 3. 6-10 times in the past month
 4. 11-15 times in the past month
 5. 16-20 times in the past month
 6. More than 20 times in the past month
83. How many women have you had sexual intercourse with?
0. None
 1. One
 2. Two
 3. 3-5
 4. 6-10
 5. 11-15
 6. 16-20
 7. More than 20
84. After age 16, how many men have you had a sexual experience with?
0. None
 1. One
 2. Two
 3. 3-5
 4. 6-10
 5. 11-15
 6. More than 15

85. Please circle appropriate answer:

Have you ever...

1. Had a drinking problem?	Yes	No
2. Had a drug problem?	Yes	No
3. Attempted suicide?	Yes	No
4. Been hospitalized for emotional problems?	Yes	No
5. Run away from home?	Yes	No
6. Been arrested?	Yes	No
7. Were you sexually abused as a child?	Yes	No
8. Do you consider yourself to have a sexual problem?	Yes	No
9. Had periods of sexual promiscuity?	Yes	No
10. Been treated for emotional problems?	Yes	No
11. Had problems with premature ejaculation?	Yes	No
12. Had problems in achieving or maintaining an erection?	Yes	No
13. Did you ever sexually abuse a child?	Yes	No
14. Do you consider yourself to be homosexual?	Yes	No

For the next series of questions, circle the number which best reflects your response.

86. On the following scale, rate your overall sexual adjustment:

1	2	3	4	5
Poorly adjusted		Average		Well adjusted

87. On the following scale, rate your current overall adjustment:

1	2	3	4	5
Poorly adjusted		Average		Well adjusted

88. How satisfied are you with your current frequency of sexual behavior?

1	2	3	4	5
Very Satisfied				Very Dissatisfied

89. Do you worry about being a homosexual?

1	2	3	4	5
Not at all				Very Often

90. Do your sexual fantasies ever involve young teenage girls?

1	2	3	4	5
Never				Very Often

91. Do your sexual fantasies ever involve young teenage boys?

1	2	3	4	5
Never				Very Often

92. Do your sexual fantasies ever involve young girls?

1	2	3	4	5
Never				Very Often

93. Do your sexual fantasies ever involve young boys?

1	2	3	4	5
Never				Very Often

94. Please rate how sexually appealing you find the following:

1	2	3	4	5
Not at all				Very sexually appealing

- | | | | | | |
|-------------------------|---|---|---|---|---|
| 1. Adult women | 1 | 2 | 3 | 4 | 5 |
| 2. Adult men | 1 | 2 | 3 | 4 | 5 |
| 3. Teenage girls | 1 | 2 | 3 | 4 | 5 |
| 4. Teenage boys | 1 | 2 | 3 | 4 | 5 |
| 5. Pre-adolescent girls | 1 | 2 | 3 | 4 | 5 |
| 6. Pre-adolescent boys | 1 | 2 | 3 | 4 | 5 |
| 7. Young girls | 1 | 2 | 3 | 4 | 5 |
| 8. Young boys | 1 | 2 | 3 | 4 | 5 |

95. Are you sexually attracted to children?

1	2	3	4	5
Not at all				Very Often

96. How likely would you be to have sex with a child if no one would know and you could not be punished?

1	2	3	4	5
Very likely				Not likely

97. How often do you become sexually aroused by a child?

1	2	3	4	5
Not at all				Very Often

98. The following is a list of situations that involve some degree of sexual intimacy. Some of the situations described are experiences which you and your sexual partner desired equally. The other situations described are experiences which were not equally desired by you and your sexual partner. Think back over all the sexual experiences that you have had and try to respond as honestly as you can as to how you have ACTUALLY BEHAVED in the past. Respond to each item by circling the appropriate number which corresponds with the correct frequency. Respond to ALL items including all numbered items (1, 2, 3, etc.) and lettered items (A, B, C, etc.).

	0 Never	1 Once	2 Twice	3 3-5 times	4 6-10 times	5 More than 10 times
1. I have placed my hand on a woman's breast, thigh, or crotch with her clear consent	0	1	2	3	4	5
2. I have placed my hand on a woman's breast, thigh, or crotch against her wishes	0	1	2	3	4	5
a) ...by just doing it even though I knew she didn't want to or by ignoring her protests and statements that she wanted me to stop	0	1	2	3	4	5
b) ...by persuading her through continued verbal arguments or by telling her things I did not really mean	0	1	2	3	4	5
c) ...by giving her enough alcohol and/or drugs so that she couldn't stop me	0	1	2	3	4	5
d) ...by using verbal threats such as "You'll have to walk home..."	0	1	2	3	4	5
e) ...by using threats of physical force	0	1	2	3	4	5
f) ...by using physical restraint (holding her down, etc.) or physical force (twisting her arm, etc.)	0	1	2	3	4	5
3. I have removed or disarranged a woman's clothing or underclothing with her clear consent	0	1	2	3	4	5
4. I have removed or disarranged a woman's clothing or underclothing against her wishes	0	1	2	3	4	5
a) ...by just doing it even though I knew she didn't want to or by ignoring her protests and statements that she wanted me to stop	0	1	2	3	4	5
b) ...by persuading her through continued verbal arguments or by telling her things I did not really mean	0	1	2	3	4	5
c) ...by giving her enough alcohol and/or drugs so that she couldn't stop me	0	1	2	3	4	5
d) ...by using verbal threats such as "You'll have to walk home..."	0	1	2	3	4	5
e) ...by using threats of physical force	0	1	2	3	4	5
f) ...by using physical restraint (holding her down, etc.) or physical force (twisting her arm, etc.)	0	1	2	3	4	5
5. I have touched a woman's genital area with her clear consent	0	1	2	3	4	5

	0 Never	1 Once	2 Twice	3 3-5 times	4 6-10 times	5 More than 10 times
6. I have touched a woman's genital area against her wishes	0	1	2	3	4	5
a) ...by just doing it even though I knew she didn't want to or by ignoring her protests and statements that she wanted me to stop	0	1	2	3	4	5
b) ...by persuading her through continued verbal arguments or by telling her things I did not really mean	0	1	2	3	4	5
c) ...by giving her enough alcohol and/or drugs so that she couldn't stop me	0	1	2	3	4	5
d) ...by using verbal threats such as "You'll have to walk home..."	0	1	2	3	4	5
e) ...by using threats of physical force	0	1	2	3	4	5
f) ...by using physical restraint (holding her down, etc.) or physical force (twisting her arm, etc.)	0	1	2	3	4	5
7. I have attempted intercourse with a woman against her wishes, but for some reason intercourse did not occur. I attempted this...	0	1	2	3	4	5
a) ...by just doing it even though I knew she didn't want to or by ignoring her protests and statements that she wanted me to stop	0	1	2	3	4	5
b) ...by persuading her through continued verbal arguments or by telling her things I did not really mean	0	1	2	3	4	5
c) ...by giving her enough alcohol and/or drugs so that she couldn't stop me	0	1	2	3	4	5
d) ...by using verbal threats such as "You'll have to walk home..."	0	1	2	3	4	5
e) ...by using threats of physical force	0	1	2	3	4	5
f) ...by using physical restraint (holding her down, etc.) or physical force (twisting her arm, etc.)	0	1	2	3	4	5
8. I have had sexual intercourse with a woman with her clear consent	0	1	2	3	4	5
9. I have had sexual intercourse with a woman against her wishes,	0	1	2	3	4	5
a) ...by just doing it even though I knew she didn't want to or by ignoring her protests and statements that she wanted me to stop	0	1	2	3	4	5
b) ...by persuading her through continued verbal arguments or by telling her things I did not really mean	0	1	2	3	4	5
c) ...by giving her enough alcohol and/or drugs so that she couldn't stop me	0	1	2	3	4	5
d) ...by using verbal threats such as "You'll have to walk home..."	0	1	2	3	4	5
e) ...by using threats of physical force	0	1	2	3	4	5
f) ...by using physical restraint (holding her down, etc.) or physical force (twisting her arm, etc.)	0	1	2	3	4	5

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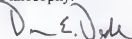
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BIOGRAPHICAL SKETCH

Sidney Michael Trantham was born and raised in Schenectady, New York. He attended Brown University where he graduated in 1991 with a Bachelor of Arts degree in psychology. In 1991, he began graduate studies in clinical psychology at the University of Florida, where he received a Master of Science degree in 1995. Sidney currently resides in Cambridge, Massachusetts.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.




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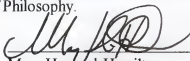
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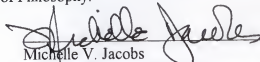
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May 1999


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